WEBVTT

NOTE duration: "00:58:16.3100000"

NOTE recognizability:0.848

NOTE language:en-us

NOTE Confidence: 0.739211703461538

00:00:00.000 --> 00:00:03.888 Instead, it is for me a great pleasure

NOTE Confidence: 0.739211703461538

00:00:03.888 --> 00:00:06.668 to introduce Doctor Tamar Kali,

NOTE Confidence: 0.739211703461538

 $00:00:06.670 \longrightarrow 00:00:09.169$ who is now Professor of Internal Medicine

NOTE Confidence: 0.739211703461538

00:00:09.169 --> 00:00:11.548 and the Department of Internal Medicine,

NOTE Confidence: 0.739211703461538

00:00:11.550 --> 00:00:14.558 but also the Chief of Gas and Technology

NOTE Confidence: 0.739211703461538

 $00{:}00{:}14.558 \dashrightarrow 00{:}00{:}17.276$ and the VA Connecticut healthcare system.

NOTE Confidence: 0.739211703461538

 $00:00:17.276 \dashrightarrow 00:00:21.509$ And this is not a small place, in fact she.

NOTE Confidence: 0.739211703461538

00:00:21.509 --> 00:00:23.974 Is there after Harold Kahn,

NOTE Confidence: 0.739211703461538

 $00:00:23.980 \longrightarrow 00:00:27.669$ Roberta Grossman and Lupica sits house so

NOTE Confidence: 0.739211703461538

 $00:00:27.669 \longrightarrow 00:00:32.460$ she has a great legacy to uphold and we.

NOTE Confidence: 0.739211703461538

 $00:00:32.460 \longrightarrow 00:00:33.620$ Certainly, sure.

NOTE Confidence: 0.739211703461538

 $00:00:33.620 \dashrightarrow 00:00:38.350$ She'll do even even better in the VA system.

NOTE Confidence: 0.739211703461538

 $00:00:38.350 \longrightarrow 00:00:42.175$ She directs the cancer program and also has

 $00:00:42.175 \longrightarrow 00:00:46.080$ been very active in the VA system at large.

NOTE Confidence: 0.739211703461538

 $00{:}00{:}46.080 \dashrightarrow 00{:}00{:}50.628$ Where she. Ryan, Sir.

NOTE Confidence: 0.739211703461538

 $00:00:50.628 \longrightarrow 00:00:53.198$ Some very important multicenter trial

NOTE Confidence: 0.739211703461538

 $00:00:53.198 \longrightarrow 00:00:56.226$ among them some already famous like

NOTE Confidence: 0.739211703461538

 $00:00:56.226 \longrightarrow 00:00:59.850$ the vocal other on the statins will

NOTE Confidence: 0.739211703461538

 $00:00:59.850 \longrightarrow 00:01:04.075$ soon be available and and also a

NOTE Confidence: 0.739211703461538

00:01:04.075 --> 00:01:07.400 new recent very large grant on the

NOTE Confidence: 0.739211703461538

 $00{:}01{:}07.507 \dashrightarrow 00{:}01{:}10.525$ use of abbreviated MRI to screen for

NOTE Confidence: 0.739211703461538

 $00{:}01{:}10.525 \to 00{:}01{:}14.240$ liver cancer and this is another great.

NOTE Confidence: 0.739211703461538

00:01:14.240 --> 00:01:14.978 I could give it to you.

NOTE Confidence: 0.739211703461538

 $00{:}01{:}14.980 \dashrightarrow 00{:}01{:}17.980$ She is a great mentor for a number of hours.

NOTE Confidence: 0.802867781666667

 $00:01:21.770 \longrightarrow 00:01:24.710$ Fellows and trainee and I like

NOTE Confidence: 0.802867781666667

 $00{:}01{:}24.710 \dashrightarrow 00{:}01{:}28.091$ to think that she has been a trainee

NOTE Confidence: 0.802867781666667

 $00:01:28.091 \longrightarrow 00:01:30.942$ here for many, many years and we

NOTE Confidence: 0.802867781666667

 $00:01:30.942 \longrightarrow 00:01:33.390$ were pleased to see her growth.

NOTE Confidence: 0.802867781666667

 $00{:}01{:}33.390 \dashrightarrow 00{:}01{:}36.654$ So in a way, she is the witness

 $00:01:36.654 \longrightarrow 00:01:39.003$ of the Yale education system.

NOTE Confidence: 0.802867781666667

00:01:39.003 --> 00:01:42.069 And how Michelangelo used to say,

NOTE Confidence: 0.802867781666667

00:01:42.070 --> 00:01:47.070 after she stopped sculpturing the Moses,

NOTE Confidence: 0.802867781666667

00:01:47.070 --> 00:01:49.950 he said, why don't you talk?

NOTE Confidence: 0.802867781666667

00:01:49.950 --> 00:01:51.846 Well, our masterpieces talk,

NOTE Confidence: 0.802867781666667

 $00:01:51.846 \longrightarrow 00:01:55.377$ and here I can give you some

NOTE Confidence: 0.802867781666667

00:01:55.377 --> 00:01:57.758 metadata on the episode casino.

NOTE Confidence: 0.852953031428571

 $00{:}02{:}00.190 \dashrightarrow 00{:}02{:}03.270$ Thanks so much Mario for the introduction.

NOTE Confidence: 0.852953031428571

00:02:03.270 --> 00:02:05.636 So Mario actually has been my clinical

NOTE Confidence: 0.852953031428571

00:02:05.636 --> 00:02:08.189 mentor for going on a couple decades now,

NOTE Confidence: 0.852953031428571

00:02:08.190 --> 00:02:11.180 not quite yet, a couple decades, but.

NOTE Confidence: 0.852953031428571

 $00{:}02{:}11.180 \dashrightarrow 00{:}02{:}13.616$ He actually started the first tumor

NOTE Confidence: 0.852953031428571

 $00{:}02{:}13.616 \dashrightarrow 00{:}02{:}16.538$ conference for HCC at Yale and I was

NOTE Confidence: 0.852953031428571

 $00{:}02{:}16.538 \dashrightarrow 00{:}02{:}19.020$ part of that conference as a trainee.

NOTE Confidence: 0.852953031428571

00:02:19.020 --> 00:02:20.434 And actually what I learned from him,

 $00:02:20.440 \longrightarrow 00:02:21.400$ I took to the VA.

NOTE Confidence: 0.852953031428571

 $00{:}02{:}21.400 \dashrightarrow 00{:}02{:}23.512$ So we have a a really nice network

NOTE Confidence: 0.852953031428571

 $00{:}02{:}23.512 \dashrightarrow 00{:}02{:}25.309$ of regional tumor boards which

NOTE Confidence: 0.852953031428571

00:02:25.309 --> 00:02:26.917 have been incredibly fruitful.

NOTE Confidence: 0.852953031428571

 $00:02:26.920 \longrightarrow 00:02:28.738$ So I'm going to talk about a lot today.

NOTE Confidence: 0.852953031428571

00:02:28.740 --> 00:02:30.990 I'm hoping to really impart what's

NOTE Confidence: 0.852953031428571

00:02:30.990 --> 00:02:33.960 going on in current practice and pearls,

NOTE Confidence: 0.852953031428571

 $00:02:33.960 \longrightarrow 00:02:35.556$ but mostly a lot of puzzles.

NOTE Confidence: 0.852953031428571

 $00:02:35.560 \longrightarrow 00:02:37.424$ So if you come away with more questions

NOTE Confidence: 0.852953031428571

 $00:02:37.424 \longrightarrow 00:02:38.742$ than answers, that's the objective.

NOTE Confidence: 0.852953031428571

 $00:02:38.742 \longrightarrow 00:02:41.290$ There are a lot of questions right now in HC.

NOTE Confidence: 0.852953031428571

 $00:02:41.290 \longrightarrow 00:02:42.858$ And I'm going to talk a little

NOTE Confidence: 0.852953031428571

 $00:02:42.858 \longrightarrow 00:02:44.287$ bit about the work we've been

NOTE Confidence: 0.852953031428571

 $00:02:44.287 \longrightarrow 00:02:45.925$ doing both at Yale and the VA.

NOTE Confidence: 0.852953031428571

 $00:02:45.930 \longrightarrow 00:02:47.510$ I have no disclosures other

NOTE Confidence: 0.852953031428571

 $00:02:47.510 \longrightarrow 00:02:49.090$ than I'm not an oncologist,

 $00:02:49.090 \longrightarrow 00:02:51.134$ I'm a hepatologist and so I may

NOTE Confidence: 0.852953031428571

00:02:51.134 --> 00:02:53.109 use acronyms you don't understand.

NOTE Confidence: 0.852953031428571

00:02:53.110 --> 00:02:55.504 I'm hoping I will explain them all,

NOTE Confidence: 0.852953031428571

 $00:02:55.510 \longrightarrow 00:02:56.810$ but if you have questions,

NOTE Confidence: 0.852953031428571

 $00:02:56.810 \longrightarrow 00:02:59.070$ by all means, don't hesitate.

NOTE Confidence: 0.852953031428571

 $00:02:59.070 \longrightarrow 00:03:01.254$ So my objectives are for you to

NOTE Confidence: 0.852953031428571

 $00:03:01.254 \longrightarrow 00:03:02.642$ understand the present state

NOTE Confidence: 0.852953031428571

 $00{:}03{:}02.642 \dashrightarrow 00{:}03{:}04.607$ really of biomarkers and potential

NOTE Confidence: 0.852953031428571

 $00:03:04.607 \longrightarrow 00:03:06.179$ emerging biomarkers in HCC,

NOTE Confidence: 0.852953031428571

 $00:03:06.180 \longrightarrow 00:03:07.990$ to understand the importance of

NOTE Confidence: 0.852953031428571

 $00:03:07.990 \longrightarrow 00:03:09.438$ multidisciplinary management of HTC

NOTE Confidence: 0.852953031428571

 $00{:}03{:}09.438 \dashrightarrow 00{:}03{:}11.061$ and key stakeholders and decision

NOTE Confidence: 0.852953031428571

 $00{:}03{:}11.061 \dashrightarrow 00{:}03{:}12.867$ making and to learn about new

NOTE Confidence: 0.852953031428571

 $00:03:12.921 \longrightarrow 00:03:14.809$ the rapeutics and treatment paradigms.

NOTE Confidence: 0.852953031428571

 $00:03:14.810 \longrightarrow 00:03:16.623$ But mostly I think what I'm trying

00:03:16.623 --> 00:03:18.783 to impart is just how complex this

NOTE Confidence: 0.852953031428571

 $00{:}03{:}18.783 \dashrightarrow 00{:}03{:}20.769$ landscape has become and how essential

NOTE Confidence: 0.852953031428571

 $00:03:20.826 \longrightarrow 00:03:22.716$ it is for us to work together

NOTE Confidence: 0.852953031428571

 $00:03:22.716 \longrightarrow 00:03:25.408$ both clinically and at the bench.

NOTE Confidence: 0.852953031428571

 $00:03:25.410 \longrightarrow 00:03:27.554$ So HTC as you know is a global

NOTE Confidence: 0.852953031428571

 $00:03:27.554 \longrightarrow 00:03:28.090$ health problem.

NOTE Confidence: 0.852953031428571

 $00:03:28.090 \longrightarrow 00:03:30.474$ This is a map of the world showing

NOTE Confidence: 0.852953031428571

 $00:03:30.474 \longrightarrow 00:03:32.453$ the sort of different degrees

NOTE Confidence: 0.852953031428571

 $00{:}03{:}32.453 \dashrightarrow 00{:}03{:}34.818$ of blame for certain underlying

NOTE Confidence: 0.852953031428571

 $00:03:34.818 \longrightarrow 00:03:37.350$ etiologies of chronic liver disease.

NOTE Confidence: 0.852953031428571

 $00{:}03{:}37.350 \dashrightarrow 00{:}03{:}39.900$ In the West it's been predominantly

NOTE Confidence: 0.852953031428571 00:03:39.900 --> 00:03:40.750 hepatitis C,

NOTE Confidence: 0.852953031428571

 $00:03:40.750 \longrightarrow 00:03:43.030$ in the east predominantly hepatitis B.

NOTE Confidence: 0.852953031428571

 $00:03:43.030 \longrightarrow 00:03:44.815$ But what's really important here

NOTE Confidence: 0.852953031428571

 $00:03:44.815 \longrightarrow 00:03:47.511$ is to note the prevalence of fatty

NOTE Confidence: 0.852953031428571

 $00{:}03{:}47.511 \dashrightarrow 00{:}03{:}49.631$ liver disease or non alcoholic

 $00:03:49.631 \longrightarrow 00:03:51.311$ steatohepatitis related liver disease

NOTE Confidence: 0.852953031428571

 $00:03:51.311 \longrightarrow 00:03:53.677$ as well as alcohol and the pandemic

NOTE Confidence: 0.852953031428571

00:03:53.677 --> 00:03:55.800 has brought to light a lot of issues.

NOTE Confidence: 0.852953031428571

 $00:03:55.800 \longrightarrow 00:03:58.062$ Regarding alcohol and a lot of

NOTE Confidence: 0.852953031428571

 $00{:}03{:}58.062 \dashrightarrow 00{:}04{:}00.230$ sex disparities and alcohol and I

NOTE Confidence: 0.852953031428571

 $00:04:00.230 \longrightarrow 00:04:02.319$ think we're going to be seeing HC's

NOTE Confidence: 0.852953031428571

 $00:04:02.319 \longrightarrow 00:04:04.293$ related to really the synergies of

NOTE Confidence: 0.852953031428571

 $00:04:04.293 \longrightarrow 00:04:05.830$ things like metabolic syndrome,

NOTE Confidence: 0.852953031428571

 $00:04:05.830 \longrightarrow 00:04:06.792$ alcohol etcetera.

NOTE Confidence: 0.852953031428571

 $00:04:06.792 \longrightarrow 00:04:09.678$ So the epidemiology is definitely shifting.

NOTE Confidence: 0.852953031428571

 $00:04:09.680 \longrightarrow 00:04:11.312$ Viral hepatitis will always be a

NOTE Confidence: 0.852953031428571

 $00:04:11.312 \longrightarrow 00:04:13.272$ major issue and until we can you

NOTE Confidence: 0.852953031428571

 $00{:}04{:}13.272 \dashrightarrow 00{:}04{:}14.904$ know essentially do the right public

NOTE Confidence: 0.852953031428571

 $00:04:14.904 \longrightarrow 00:04:15.989$ health thing globally,

NOTE Confidence: 0.852953031428571

00:04:15.990 --> 00:04:18.924 we're still going to have happy

 $00:04:18.924 \longrightarrow 00:04:20.880$ you know related HCC.

NOTE Confidence: 0.852953031428571

 $00{:}04{:}20.880 \dashrightarrow 00{:}04{:}22.872$ So HTC is a leading cause of liver

NOTE Confidence: 0.852953031428571

 $00:04:22.872 \longrightarrow 00:04:24.779$ related and cancer related mortality.

NOTE Confidence: 0.852953031428571

 $00:04:24.780 \longrightarrow 00:04:27.090$ So there are sort of competing

NOTE Confidence: 0.852953031428571

 $00:04:27.090 \longrightarrow 00:04:28.245$ risks of death.

NOTE Confidence: 0.852953031428571

00:04:28.250 --> 00:04:29.560 When you think about HTC,

NOTE Confidence: 0.852953031428571

 $00:04:29.560 \longrightarrow 00:04:31.324$ you want to think about the person's

NOTE Confidence: 0.852953031428571

 $00:04:31.324 \longrightarrow 00:04:32.494$ liver disease as potentially

NOTE Confidence: 0.852953031428571

 $00{:}04{:}32.494 \dashrightarrow 00{:}04{:}34.279$ a competition to their cancer

NOTE Confidence: 0.852953031428571

 $00:04:34.279 \longrightarrow 00:04:34.993$ related mortality.

NOTE Confidence: 0.852953031428571

 $00{:}04{:}35.000 \dashrightarrow 00{:}04{:}36.911$ It is the leading cause of death

NOTE Confidence: 0.852953031428571

 $00:04:36.911 \longrightarrow 00:04:38.740$ in cirrhosis and 1/3 of patients

NOTE Confidence: 0.852953031428571

 $00:04:38.740 \longrightarrow 00:04:40.325$ will with cirrhosis will develop

NOTE Confidence: 0.852953031428571

 $00:04:40.325 \longrightarrow 00:04:41.859$ HCC over their lifetime.

NOTE Confidence: 0.852953031428571

 $00:04:41.860 \longrightarrow 00:04:44.170$ And you can see that it claims

NOTE Confidence: 0.852953031428571

 $00:04:44.170 \longrightarrow 00:04:46.398$ upwards of almost a million deaths.

00:04:46.400 --> 00:04:47.086 By 2025,

NOTE Confidence: 0.852953031428571

 $00:04:47.086 \longrightarrow 00:04:48.801$ we think globally will have

NOTE Confidence: 0.852953031428571

 $00:04:48.801 \longrightarrow 00:04:49.830$ a million deaths

NOTE Confidence: 0.903506407857143

 $00:04:49.903 \longrightarrow 00:04:51.459$ related to liver cancer.

NOTE Confidence: 0.903506407857143

00:04:51.460 --> 00:04:53.524 And chronic liver disease is really

NOTE Confidence: 0.903506407857143

 $00:04:53.524 \longrightarrow 00:04:56.073$ a prerequisite in 90% of the cases.

NOTE Confidence: 0.903506407857143

00:04:56.073 --> 00:04:58.419 But how much fibrosis is still

NOTE Confidence: 0.903506407857143

 $00:04:58.419 \longrightarrow 00:05:01.070$ an issue that we're studying.

NOTE Confidence: 0.903506407857143

 $00:05:01.070 \longrightarrow 00:05:04.490$ And we've seen a market incidence

NOTE Confidence: 0.903506407857143

00:05:04.490 --> 00:05:08.082 increase in HCC in the US from 1990

NOTE Confidence: 0.903506407857143

 $00:05:08.082 \longrightarrow 00:05:11.599$ to 2020 at a threefold increase.

NOTE Confidence: 0.903506407857143

 $00:05:11.600 \longrightarrow 00:05:13.160$ A lot of that was due to hepatitis

NOTE Confidence: 0.903506407857143

 $00{:}05{:}13.160 \dashrightarrow 00{:}05{:}14.783$ C but the issue is that even

NOTE Confidence: 0.903506407857143

 $00:05:14.783 \longrightarrow 00:05:16.276$ though things are kind of steadying

NOTE Confidence: 0.903506407857143

00:05:16.276 --> 00:05:17.890 from hepatitis C and our ability

00:05:17.890 --> 00:05:19.864 to treat and cure hepatitis C,

NOTE Confidence: 0.903506407857143

 $00{:}05{:}19.864 \dashrightarrow 00{:}05{:}21.804$ the fatty liver disease epidemic.

NOTE Confidence: 0.903506407857143

 $00:05:21.810 \longrightarrow 00:05:24.690$ Sort of the next wave.

NOTE Confidence: 0.903506407857143

 $00:05:24.690 \longrightarrow 00:05:26.470$ So who should get surveillance?

NOTE Confidence: 0.903506407857143

 $00:05:26.470 \longrightarrow 00:05:28.195$ We recommend liver ultrasound and

NOTE Confidence: 0.903506407857143

00:05:28.195 --> 00:05:30.774 AFP every six months in all patients

NOTE Confidence: 0.903506407857143

 $00:05:30.774 \longrightarrow 00:05:32.744$ with cirrhosis and patients with

NOTE Confidence: 0.903506407857143

 $00{:}05{:}32.744 \dashrightarrow 00{:}05{:}34.836$ chronic hepatitis B and that's

NOTE Confidence: 0.903506407857143

 $00{:}05{:}34.836 \to 00{:}05{:}36.108$ regardless of cirrhosis.

NOTE Confidence: 0.903506407857143

 $00:05:36.110 \longrightarrow 00:05:38.259$ And the way that we image people

NOTE Confidence: 0.903506407857143

00:05:38.259 --> 00:05:39.851 is essentially with an ultrasound

NOTE Confidence: 0.903506407857143

 $00:05:39.851 \longrightarrow 00:05:41.669$ they should have an AFP.

NOTE Confidence: 0.903506407857143

 $00:05:41.670 \longrightarrow 00:05:43.630$ But if they have an elevated AFP even

NOTE Confidence: 0.903506407857143

 $00:05:43.630 \longrightarrow 00:05:45.381$ if they're ultrasound shows nothing or

NOTE Confidence: 0.903506407857143

 $00:05:45.381 \longrightarrow 00:05:47.810$ if they have something focal on ultrasound,

NOTE Confidence: 0.903506407857143

 $00:05:47.810 \longrightarrow 00:05:50.816$ we then go to dynamic contrast

 $00:05:50.816 \longrightarrow 00:05:53.839$ enhanced imaging with a CT or MRI.

NOTE Confidence: 0.903506407857143

 $00:05:53.840 \longrightarrow 00:05:55.674$ But there are some Gray areas here,

NOTE Confidence: 0.903506407857143 00:05:55.680 --> 00:05:56.014 sorry, NOTE Confidence: 0.903506407857143

00:05:56.014 --> 00:05:58.352 this didn't convey well the first line

NOTE Confidence: 0.903506407857143

 $00:05:58.352 \dashrightarrow 00:06:00.907$ of that says he patitis C with a cure,

NOTE Confidence: 0.903506407857143

 $00:06:00.910 \longrightarrow 00:06:02.389$ but without pre-existing

NOTE Confidence: 0.903506407857143

00:06:02.389 --> 00:06:04.854 cirrhosis prior to their cure,

NOTE Confidence: 0.903506407857143

00:06:04.860 --> 00:06:06.510 non-alcoholic fatty liver

NOTE Confidence: 0.903506407857143

 $00:06:06.510 \longrightarrow 00:06:08.160$ disease without cirrhosis.

NOTE Confidence: 0.903506407857143

 $00:06:08.160 \longrightarrow 00:06:10.274$ So these are folks who we really

NOTE Confidence: 0.903506407857143

 $00:06:10.274 \longrightarrow 00:06:11.460$ don't have biomarkers for.

NOTE Confidence: 0.903506407857143

 $00{:}06{:}11.460 \dashrightarrow 00{:}06{:}13.152$ They don't fall into the cirrhosis

NOTE Confidence: 0.903506407857143

 $00{:}06{:}13.152 \dashrightarrow 00{:}06{:}14.820$ category and many of them are

NOTE Confidence: 0.903506407857143

 $00{:}06{:}14.820 \dashrightarrow 00{:}06{:}17.105$ being diagnosed with HC and they

NOTE Confidence: 0.903506407857143

00:06:17.105 --> 00:06:19.717 shouldn't have and aren't in a

 $00:06:19.717 \longrightarrow 00:06:22.137$ screening or or surveillance program.

NOTE Confidence: 0.903506407857143

 $00:06:22.140 \longrightarrow 00:06:23.950$ We know that liver cancer

NOTE Confidence: 0.903506407857143

 $00:06:23.950 \longrightarrow 00:06:25.036$ surveillance saves lives.

NOTE Confidence: 0.903506407857143

 $00:06:25.040 \longrightarrow 00:06:26.750$ I'm going to actually use the

NOTE Confidence: 0.903506407857143

 $00:06:26.750 \longrightarrow 00:06:27.890$ term screening and surveillance

NOTE Confidence: 0.903506407857143

00:06:27.942 --> 00:06:29.298 kind of interchangeably here,

NOTE Confidence: 0.903506407857143

 $00:06:29.300 \longrightarrow 00:06:30.392$ understanding that we're looking

NOTE Confidence: 0.903506407857143

 $00:06:30.392 \longrightarrow 00:06:31.757$ at an at risk population.

NOTE Confidence: 0.903506407857143

 $00{:}06{:}31.760 \dashrightarrow 00{:}06{:}33.320$ Those are people with cirrhosis.

NOTE Confidence: 0.903506407857143

 $00:06:33.320 \longrightarrow 00:06:34.348$ So it's really surveillance.

NOTE Confidence: 0.903506407857143

 $00{:}06{:}34.348 \dashrightarrow 00{:}06{:}36.521$ But I think a lot of people are

NOTE Confidence: 0.903506407857143

 $00:06:36.521 \longrightarrow 00:06:37.946$ used to the term screening,

NOTE Confidence: 0.903506407857143

 $00:06:37.950 \longrightarrow 00:06:39.305$ meaning that they don't have

NOTE Confidence: 0.903506407857143

 $00:06:39.305 \longrightarrow 00:06:40.118$ a pre-existing cancer.

NOTE Confidence: 0.903506407857143

 $00:06:40.120 \longrightarrow 00:06:42.757$ And so you're going to screen for a cancer.

NOTE Confidence: 0.903506407857143

 $00:06:42.760 \longrightarrow 00:06:44.188$ Just know that when it comes

 $00{:}06{:}44.188 \dashrightarrow 00{:}06{:}45.731$ time to discuss the trial that

NOTE Confidence: 0.903506407857143

00:06:45.731 --> 00:06:47.076 I'm going to be discussing,

NOTE Confidence: 0.903506407857143

 $00:06:47.080 \longrightarrow 00:06:48.592$ we have to call it screening because

NOTE Confidence: 0.903506407857143

 $00:06:48.592 \longrightarrow 00:06:50.138$ that's just what they made us call it.

NOTE Confidence: 0.903506407857143

 $00:06:50.140 \longrightarrow 00:06:52.464$ But surveillance is really the proper term.

NOTE Confidence: 0.903506407857143

 $00:06:52.470 \longrightarrow 00:06:53.640$ So this is a nice,

NOTE Confidence: 0.903506407857143

 $00:06:53.640 \longrightarrow 00:06:56.048$ nice graphic of a big meta analysis

NOTE Confidence: 0.903506407857143

 $00{:}06{:}56.048 \dashrightarrow 00{:}06{:}58.060$ that looked at almost $150{,}000$

NOTE Confidence: 0.903506407857143

 $00{:}06{:}58.060 \dashrightarrow 00{:}07{:}01.000$ patients and showed that really the

NOTE Confidence: 0.903506407857143

 $00:07:01.000 \dashrightarrow 00:07:03.489$ benefits of surveillance are manifold.

NOTE Confidence: 0.903506407857143

 $00:07:03.490 \longrightarrow 00:07:06.190$ So we can detect cancer early,

NOTE Confidence: 0.903506407857143

 $00:07:06.190 \longrightarrow 00:07:08.620$ we can offer curative therapy and

NOTE Confidence: 0.903506407857143

 $00{:}07{:}08.620 \dashrightarrow 00{:}07{:}10.970$ we can improve overall survival.

NOTE Confidence: 0.903506407857143

 $00:07:10.970 \longrightarrow 00:07:12.622$ There are some sort of data free

NOTE Confidence: 0.903506407857143

00:07:12.622 --> 00:07:14.446 zones here in terms of the harms

00:07:14.446 --> 00:07:16.042 of screening and these are things

NOTE Confidence: 0.903506407857143

 $00:07:16.102 \longrightarrow 00:07:17.964$ that need to be studied in this

NOTE Confidence: 0.903506407857143

 $00:07:17.964 \longrightarrow 00:07:19.340$ population and those harms are

NOTE Confidence: 0.903506407857143

 $00:07:19.340 \longrightarrow 00:07:20.765$ many different types of harms,

NOTE Confidence: 0.903506407857143

00:07:20.770 --> 00:07:23.518 financial, physical, etcetera.

NOTE Confidence: 0.903506407857143

 $00:07:23.520 \longrightarrow 00:07:25.720$ So surveillance is advised by

NOTE Confidence: 0.903506407857143

00:07:25.720 --> 00:07:28.400 all GI liver societies and NCCN,

NOTE Confidence: 0.903506407857143

 $00:07:28.400 \longrightarrow 00:07:30.566$ but ASCO and the preventative Services

NOTE Confidence: 0.903506407857143

 $00:07:30.566 \longrightarrow 00:07:32.399$ Task Force don't advise surveillance

NOTE Confidence: 0.903506407857143

 $00:07:32.399 \longrightarrow 00:07:35.039$ and until there is a mandate for this,

NOTE Confidence: 0.903506407857143

 $00{:}07{:}35.040 --> 00{:}07{:}37.098$ it's not going to be taken up

NOTE Confidence: 0.903506407857143

00:07:37.098 --> 00:07:38.761 widely by primary care providers

NOTE Confidence: 0.903506407857143

 $00:07:38.761 \longrightarrow 00:07:40.915$ and this remains a major issue.

NOTE Confidence: 0.903506407857143

 $00:07:40.920 \longrightarrow 00:07:42.900$ So surveillance rates are poor.

NOTE Confidence: 0.903506407857143

 $00:07:42.900 \longrightarrow 00:07:44.736$ So this is actually a private

NOTE Confidence: 0.903506407857143

 $00:07:44.736 \longrightarrow 00:07:45.960$ sector study that looked

 $00:07:46.018 \longrightarrow 00:07:47.830$ at a cohort of hepatitis

NOTE Confidence: 0.844235941578947

 $00:07:47.830 \longrightarrow 00:07:48.736$ C cirrhosis patients.

NOTE Confidence: 0.844235941578947

 $00:07:48.740 \longrightarrow 00:07:51.412$ So they really should have been in a

NOTE Confidence: 0.844235941578947

 $00:07:51.412 \longrightarrow 00:07:53.096$ surveillance program and only about

NOTE Confidence: 0.844235941578947

 $00:07:53.096 \longrightarrow 00:07:55.010 1/4$ we're getting every six month.

NOTE Confidence: 0.844235941578947

 $00:07:55.010 \longrightarrow 00:07:57.440$ Ultrasound. So this is pretty abysmal.

NOTE Confidence: 0.844235941578947

 $00:07:57.440 \longrightarrow 00:07:59.337$ I mean, if you look at sort

NOTE Confidence: 0.844235941578947

 $00{:}07{:}59.337 \dashrightarrow 00{:}08{:}00.540$ of longer surveillance rates,

NOTE Confidence: 0.844235941578947

 $00{:}08{:}00.540 \dashrightarrow 00{:}08{:}02.108$ maybe every year somebody's

NOTE Confidence: 0.844235941578947

 $00:08:02.108 \longrightarrow 00:08:03.676$ remembering to do this,

NOTE Confidence: 0.844235941578947

 $00:08:03.680 \longrightarrow 00:08:06.200$ but it's more haphazard than

NOTE Confidence: 0.844235941578947

 $00:08:06.200 \longrightarrow 00:08:08.216$ actually being done regularly.

NOTE Confidence: 0.844235941578947

 $00:08:08.220 \longrightarrow 00:08:10.620$ Now VA data looks a little bit better.

NOTE Confidence: 0.844235941578947

00:08:10.620 --> 00:08:13.020 We're at about 44% and we do have

NOTE Confidence: 0.844235941578947

00:08:13.020 --> 00:08:15.963 a lot of different ways to get our

 $00:08:15.963 \longrightarrow 00:08:18.939$ primary care docs to order ultrasounds.

NOTE Confidence: 0.844235941578947

 $00{:}08{:}18.940 \dashrightarrow 00{:}08{:}20.830$ But I think what's really important is

NOTE Confidence: 0.844235941578947

00:08:20.830 --> 00:08:23.343 if you compare this to places in Europe

NOTE Confidence: 0.844235941578947

 $00:08:23.343 \longrightarrow 00:08:24.944$ where surveillance rates approach 65%,

NOTE Confidence: 0.844235941578947

 $00:08:24.944 \longrightarrow 00:08:27.216$ for example in the UK or in Japan

NOTE Confidence: 0.844235941578947

 $00:08:27.216 \longrightarrow 00:08:28.967$ where there is high as 75%,

NOTE Confidence: 0.844235941578947

 $00:08:28.967 \longrightarrow 00:08:29.681$ we're really,

NOTE Confidence: 0.844235941578947

 $00:08:29.681 \longrightarrow 00:08:33.220$ we have a long way to move this needle.

NOTE Confidence: 0.844235941578947

 $00:08:33.220 \longrightarrow 00:08:34.696$ And we really only see the

NOTE Confidence: 0.844235941578947

 $00:08:34.696 \longrightarrow 00:08:35.680$ tip of the iceberg.

NOTE Confidence: 0.844235941578947

 $00:08:35.680 \longrightarrow 00:08:38.360$ So in addition to low uptake of surveillance,

NOTE Confidence: 0.844235941578947

00:08:38.360 --> 00:08:39.990 many patients are unaware of

NOTE Confidence: 0.844235941578947

 $00:08:39.990 \longrightarrow 00:08:41.620$ their risk of developing HCC.

NOTE Confidence: 0.844235941578947

00:08:41.620 --> 00:08:43.628 And that's due to the silent nature of

NOTE Confidence: 0.844235941578947

 $00:08:43.628 \longrightarrow 00:08:45.515$ cirrhosis and the lack of awareness of

NOTE Confidence: 0.844235941578947

 $00{:}08{:}45.515 \dashrightarrow 00{:}08{:}47.380$ the disease among primary care providers.

00:08:47.380 --> 00:08:49.240 And primary care providers now are

NOTE Confidence: 0.844235941578947

 $00:08:49.240 \longrightarrow 00:08:51.152$ really burdened by so many things

NOTE Confidence: 0.844235941578947

 $00:08:51.152 \longrightarrow 00:08:53.287$ they have to think about that liver

NOTE Confidence: 0.844235941578947

 $00:08:53.287 \longrightarrow 00:08:55.088$ disease is pretty low on the list.

NOTE Confidence: 0.844235941578947

00:08:55.090 --> 00:08:56.812 Now we know that linkage to liver

NOTE Confidence: 0.844235941578947

 $00:08:56.812 \longrightarrow 00:08:58.436$ cancer care starts with identifying

NOTE Confidence: 0.844235941578947

 $00:08:58.436 \longrightarrow 00:09:00.108$ cirrhosis and starting surveillance.

NOTE Confidence: 0.84423594157894700:09:00.110 --> 00:09:00.796 But again,

NOTE Confidence: 0.844235941578947

 $00:09:00.796 \dashrightarrow 00:09:02.511$ primary care providers desperately need

NOTE Confidence: 0.844235941578947

 $00{:}09{:}02.511 \dashrightarrow 00{:}09{:}04.996$ to be educated to even suspect cirrhosis

NOTE Confidence: 0.844235941578947

 $00:09:04.996 \longrightarrow 00:09:07.090$ and surveillance really needs a mandate.

NOTE Confidence: 0.844235941578947

 $00:09:07.090 \longrightarrow 00:09:08.728$ I don't think this is going to

NOTE Confidence: 0.844235941578947

 $00:09:08.728 \longrightarrow 00:09:10.585$ be done until we actually prove

NOTE Confidence: 0.844235941578947

00:09:10.585 --> 00:09:12.045 that surveillance saves lives,

NOTE Confidence: 0.844235941578947

 $00:09:12.050 \longrightarrow 00:09:13.916$ and that probably has to be

 $00:09:13.916 \longrightarrow 00:09:15.620$ done in a randomized trial.

NOTE Confidence: 0.844235941578947

 $00{:}09{:}15.620 \to 00{:}09{:}17.601$ So at risk populations that I talked

NOTE Confidence: 0.844235941578947

00:09:17.601 --> 00:09:19.533 about before are changing with the

NOTE Confidence: 0.844235941578947

 $00:09:19.533 \longrightarrow 00:09:21.238$ Natural History of liver disease.

NOTE Confidence: 0.844235941578947

 $00:09:21.240 \longrightarrow 00:09:22.552$ So in the US,

NOTE Confidence: 0.844235941578947

 $00:09:22.552 \longrightarrow 00:09:24.192$ we are widely treating hepatitis

NOTE Confidence: 0.844235941578947

 $00{:}09{:}24.192 \dashrightarrow 00{:}09{:}26.600$ CI would say in the VA we've

NOTE Confidence: 0.844235941578947

 $00{:}09{:}26.600 \dashrightarrow 00{:}09{:}29.475$ treated almost 75% to 80% of our

NOTE Confidence: 0.844235941578947

 $00{:}09{:}29.475 \dashrightarrow 00{:}09{:}31.680$ patients with hepatitis C Some

NOTE Confidence: 0.844235941578947

 $00:09:31.680 \longrightarrow 00:09:33.600$ 160,000 veterans have been treated.

NOTE Confidence: 0.844235941578947

 $00{:}09{:}33.600 \dashrightarrow 00{:}09{:}35.805$ And so this actually gives us a

NOTE Confidence: 0.844235941578947

00:09:35.805 --> 00:09:37.943 unique group in which to study

NOTE Confidence: 0.844235941578947

 $00:09:37.943 \dashrightarrow 00:09:39.818$ post SVR sustained viral response

NOTE Confidence: 0.844235941578947

 $00:09:39.818 \longrightarrow 00:09:42.540$ risk of HCC and we've seen that

NOTE Confidence: 0.844235941578947

00:09:42.540 --> 00:09:44.060 risk go down significantly,

NOTE Confidence: 0.844235941578947

 $00:09:44.060 \longrightarrow 00:09:45.472$ however, if there's significant.

 $00{:}09{:}45.472 \dashrightarrow 00{:}09{:}47.237$ Fibrosis stage three to four,

NOTE Confidence: 0.844235941578947

 $00:09:47.240 \longrightarrow 00:09:48.914$ they're still at pretty high risk

NOTE Confidence: 0.844235941578947

00:09:48.914 --> 00:09:50.860 of developing HCC in their lifetime,

NOTE Confidence: 0.844235941578947

 $00:09:50.860 \longrightarrow 00:09:52.680$ but we are not seeing that it's

NOTE Confidence: 0.844235941578947

 $00:09:52.680 \longrightarrow 00:09:54.292$ cost effective to do ultrasound

NOTE Confidence: 0.844235941578947

 $00:09:54.292 \longrightarrow 00:09:55.848$ in patients without cirrhosis.

NOTE Confidence: 0.844235941578947

 $00:09:55.850 \longrightarrow 00:09:57.022$ So the question is,

NOTE Confidence: 0.844235941578947

 $00:09:57.022 \longrightarrow 00:09:58.487$ are there other biomarkers we

NOTE Confidence: 0.844235941578947

 $00:09:58.487 \longrightarrow 00:09:59.578$ could be looking at?

NOTE Confidence: 0.844235941578947

 $00{:}09{:}59.580 \dashrightarrow 00{:}10{:}01.140$ Noncirrhotic Naphill DI think is

NOTE Confidence: 0.844235941578947

00:10:01.140 --> 00:10:03.403 keeping us all up at night because

NOTE Confidence: 0.844235941578947

 $00:10:03.403 \longrightarrow 00:10:05.629$ up to 1/3 of fatty liver disease

NOTE Confidence: 0.844235941578947

 $00{:}10{:}05.629 \mathrel{--}{>} 00{:}10{:}07.634$ related HCC occurs in the absence

NOTE Confidence: 0.844235941578947

 $00{:}10{:}07.634 \dashrightarrow 00{:}10{:}09.254$ of cirrhosis and these people

NOTE Confidence: 0.844235941578947

 $00:10:09.260 \longrightarrow 00:10:10.728$ are usually diagnosed late.

00:10:10.728 --> 00:10:13.879 But if you think about the 70 million

NOTE Confidence: 0.844235941578947

00:10:13.879 --> 00:10:16.064 Americans who probably have NAFLD.

NOTE Confidence: 0.844235941578947

 $00:10:16.070 \longrightarrow 00:10:17.810$ There it's really not cost effective

NOTE Confidence: 0.844235941578947

 $00:10:17.810 \longrightarrow 00:10:19.469$ to order an ultrasound for them.

NOTE Confidence: 0.844235941578947

 $00:10:19.470 \longrightarrow 00:10:21.801$ So again we need biomarkers and imaging

NOTE Confidence: 0.844235941578947

 $00:10:21.801 \longrightarrow 00:10:24.450$ really is, is not the way to go.

NOTE Confidence: 0.844235941578947

 $00:10:24.450 \longrightarrow 00:10:27.036$ So we're looking at risk stratification

NOTE Confidence: 0.844235941578947

 $00:10:27.036 \longrightarrow 00:10:29.677$ tools to identify those at highest

NOTE Confidence: 0.844235941578947

00:10:29.677 --> 00:10:31.797 risk and then surveillance now

NOTE Confidence: 0.844235941578947

 $00:10:31.797 \longrightarrow 00:10:33.069$ in clinical practice

NOTE Confidence: 0.876303329285714

 $00:10:33.140 \longrightarrow 00:10:35.324$ is done on a case by case basis.

NOTE Confidence: 0.876303329285714

 $00:10:35.330 \longrightarrow 00:10:37.486$ So this leads to the next problem

NOTE Confidence: 0.876303329285714

 $00:10:37.486 \dashrightarrow 00:10:39.928$ which is that HTC is diagnosed late.

NOTE Confidence: 0.876303329285714

 $00:10:39.930 \longrightarrow 00:10:43.566$ So this is SEER data from 2012 to 2018

NOTE Confidence: 0.876303329285714

 $00:10:43.566 \longrightarrow 00:10:46.130$ which shows that you know really in

NOTE Confidence: 0.876303329285714

 $00{:}10{:}46.130 \dashrightarrow 00{:}10{:}47.840$ the majority of cases it's diagnosed

 $00:10:47.900 \longrightarrow 00:10:49.615$ late with either regional lymph

NOTE Confidence: 0.876303329285714

 $00:10:49.615 \longrightarrow 00:10:51.330$ node spread or distant metastases.

NOTE Confidence: 0.876303329285714

00:10:51.330 --> 00:10:53.904 And we know that when HTC is diagnosed late,

NOTE Confidence: 0.876303329285714

 $00:10:53.910 \longrightarrow 00:10:55.353$ survival goes down.

NOTE Confidence: 0.876303329285714

00:10:55.353 --> 00:10:57.758 So five year relative survival

NOTE Confidence: 0.876303329285714

 $00:10:57.758 \longrightarrow 00:10:59.864$ and localized disease is 36.1%

NOTE Confidence: 0.876303329285714

00:10:59.864 --> 00:11:01.748 much better than it's ever been.

NOTE Confidence: 0.876303329285714

 $00{:}11{:}01.750 \dashrightarrow 00{:}11{:}03.305$ But overall five year relative

NOTE Confidence: 0.876303329285714

 $00:11:03.305 \longrightarrow 00:11:04.811$ survival is about 21. Percent.

NOTE Confidence: 0.876303329285714

 $00{:}11{:}04.811 \dashrightarrow 00{:}11{:}06.377$ We've moved the needle a little.

NOTE Confidence: 0.876303329285714

 $00:11:06.380 \longrightarrow 00:11:10.952$ It was about 18% in the last big sear.

NOTE Confidence: 0.876303329285714

 $00:11:10.960 \longrightarrow 00:11:13.100$ Cohort that they looked at.

NOTE Confidence: 0.876303329285714

 $00{:}11{:}13.100 \dashrightarrow 00{:}11{:}15.554$ So how do we identify opportunities

NOTE Confidence: 0.876303329285714

00:11:15.554 --> 00:11:17.860 for directed education and outreach?

NOTE Confidence: 0.876303329285714

 $00:11:17.860 \longrightarrow 00:11:19.990$ This is work that's essentially a

00:11:19.990 --> 00:11:22.489 it's a mentorship of Doctor Strauss

NOTE Confidence: 0.876303329285714

 $00{:}11{:}22.489 \dashrightarrow 00{:}11{:}24.505$ Tabasco with Doctor Mezzacappa,

NOTE Confidence: 0.876303329285714

 $00:11:24.510 \longrightarrow 00:11:25.966$ one of our fellows.

NOTE Confidence: 0.876303329285714

 $00:11:25.966 \longrightarrow 00:11:28.640$ I'm looking at tumor registry and US

NOTE Confidence: 0.876303329285714

 $00:11:28.640 \longrightarrow 00:11:31.154$ Census data specific to Connecticut and

NOTE Confidence: 0.876303329285714

 $00:11:31.154 \longrightarrow 00:11:33.719$ we're working with the Department of.

NOTE Confidence: 0.876303329285714

 $00:11:33.720 \longrightarrow 00:11:35.472$ Public health in Connecticut.

NOTE Confidence: 0.876303329285714

 $00:11:35.472 \longrightarrow 00:11:38.100$ So this is geolocalization or hotspotting.

NOTE Confidence: 0.876303329285714

00:11:38.100 --> 00:11:40.018 And this approach we took to really

NOTE Confidence: 0.876303329285714

 $00:11:40.018 \longrightarrow 00:11:42.210$ kind of see where our case is most

NOTE Confidence: 0.876303329285714

 $00:11:42.210 \longrightarrow 00:11:44.165$ dense in the state and then what

NOTE Confidence: 0.876303329285714

00:11:44.165 --> 00:11:46.202 are some of the associations to the

NOTE Confidence: 0.876303329285714

 $00{:}11{:}46.202 \dashrightarrow 00{:}11{:}48.820$ case rate and the stage diagnosis.

NOTE Confidence: 0.876303329285714

 $00:11:48.820 \longrightarrow 00:11:49.526$ And interestingly,

NOTE Confidence: 0.876303329285714

 $00:11:49.526 \longrightarrow 00:11:52.350$ we found not only this wide variation in

NOTE Confidence: 0.876303329285714

 $00:11:52.414 \longrightarrow 00:11:54.808$ cumulative incidence of HCC by ZIP code,

 $00:11:54.810 \longrightarrow 00:11:56.358$ but also strong associations

NOTE Confidence: 0.876303329285714

00:11:56.358 --> 00:11:57.519 between Community level,

NOTE Confidence: 0.876303329285714

00:11:57.520 --> 00:11:59.840 poverty and education and

NOTE Confidence: 0.876303329285714

 $00:11:59.840 \longrightarrow 00:12:02.160$ the HTC case density.

NOTE Confidence: 0.876303329285714

 $00:12:02.160 \longrightarrow 00:12:03.648$ So really you could do this

NOTE Confidence: 0.876303329285714

 $00:12:03.648 \longrightarrow 00:12:04.640$ anywhere in the country.

NOTE Confidence: 0.876303329285714

00:12:04.640 --> 00:12:06.125 That I've taken you kind

NOTE Confidence: 0.876303329285714

 $00:12:06.125 \longrightarrow 00:12:07.610$ of from global to local,

NOTE Confidence: 0.876303329285714

00:12:07.610 --> 00:12:09.080 and I'm sure that Doctor Shaw,

NOTE Confidence: 0.876303329285714

 $00{:}12{:}09.080 \dashrightarrow 00{:}12{:}11.300$ Sebasco and Doctor Mezzacappa will

NOTE Confidence: 0.876303329285714

 $00:12:11.300 \longrightarrow 00:12:13.520$ think about interventions in the

NOTE Confidence: 0.876303329285714

00:12:13.587 --> 00:12:15.872 community that we can actually

NOTE Confidence: 0.876303329285714

 $00{:}12{:}15.872 \dashrightarrow 00{:}12{:}18.157$ improve our outreach and surveillance.

NOTE Confidence: 0.876303329285714

 $00:12:18.160 \longrightarrow 00:12:20.272$ So getting back to this conundrum

NOTE Confidence: 0.876303329285714

 $00:12:20.272 \longrightarrow 00:12:20.976$ with ultrasound,

 $00:12:20.980 \longrightarrow 00:12:23.396$ so ultrasound is what we use in the

NOTE Confidence: 0.876303329285714

 $00:12:23.396 \longrightarrow 00:12:25.358$ present state for HCC surveillance,

NOTE Confidence: 0.876303329285714

 $00:12:25.360 \longrightarrow 00:12:27.159$ but we know that it lacks sensitivity

NOTE Confidence: 0.876303329285714

 $00:12:27.159 \longrightarrow 00:12:28.522$ for early stage detection and

NOTE Confidence: 0.876303329285714

 $00:12:28.522 \longrightarrow 00:12:30.154$ this has always been a problem.

NOTE Confidence: 0.876303329285714

00:12:30.160 --> 00:12:32.064 And it's also a problem of geography.

NOTE Confidence: 0.876303329285714

00:12:32.070 --> 00:12:32.960 In Europe,

NOTE Confidence: 0.876303329285714

 $00:12:32.960 \longrightarrow 00:12:34.740$ usually physicians do the

NOTE Confidence: 0.876303329285714

 $00{:}12{:}34.740 \dashrightarrow 00{:}12{:}37.300$ ultrasound in the States, text do.

NOTE Confidence: 0.876303329285714

 $00:12:37.300 \longrightarrow 00:12:39.250$ The ultrasound body habitus is

NOTE Confidence: 0.876303329285714

 $00{:}12{:}39.250 \dashrightarrow 00{:}12{:}40.420$ very different geographically.

NOTE Confidence: 0.876303329285714

 $00:12:40.420 \longrightarrow 00:12:42.496$ We have pretty large body habitus.

NOTE Confidence: 0.876303329285714

 $00:12:42.500 \longrightarrow 00:12:44.288$ And generally what you can see

NOTE Confidence: 0.876303329285714

00:12:44.288 --> 00:12:46.189 here is that while ultrasound may

NOTE Confidence: 0.876303329285714

 $00:12:46.189 \longrightarrow 00:12:48.457$ be OK for diagnosis at any stage.

NOTE Confidence: 0.876303329285714

00:12:48.460 --> 00:12:50.190 It's really pretty poor for

 $00:12:50.190 \longrightarrow 00:12:51.574$ diagnosis at early stage.

NOTE Confidence: 0.876303329285714

 $00:12:51.580 \longrightarrow 00:12:53.380$ And no matter what stage you're looking at,

NOTE Confidence: 0.876303329285714

 $00:12:53.380 \longrightarrow 00:12:55.420$ MRI really is the gold standard.

NOTE Confidence: 0.876303329285714

 $00:12:55.420 \longrightarrow 00:12:57.016$ The question is can you use

NOTE Confidence: 0.876303329285714

 $00:12:57.016 \longrightarrow 00:12:58.679$ something like an MRI to screen?

NOTE Confidence: 0.876303329285714

 $00:12:58.680 \longrightarrow 00:13:01.518$ And that's sort of a question

NOTE Confidence: 0.876303329285714

 $00:13:01.518 \longrightarrow 00:13:02.937$ that begs asking,

NOTE Confidence: 0.876303329285714

 $00:13:02.940 \longrightarrow 00:13:05.676$ so can we move the needle on early

NOTE Confidence: 0.876303329285714

 $00:13:05.676 \longrightarrow 00:13:08.753$ detection so we can do ultrasound, CT or Mr.

NOTE Confidence: 0.876303329285714

 $00:13:08.753 \longrightarrow 00:13:10.319$ These are the pros and cons.

NOTE Confidence: 0.876303329285714 00:13:10.320 --> 00:13:11.096 You know, NOTE Confidence: 0.876303329285714

 $00:13:11.096 \longrightarrow 00:13:13.812$ clearly we can look at things like

NOTE Confidence: 0.876303329285714

 $00{:}13{:}13.820 \dashrightarrow 00{:}13{:}16.080$ developments and other cancers.

NOTE Confidence: 0.876303329285714

00:13:16.080 --> 00:13:18.642 So for example in Europe.

NOTE Confidence: 0.876303329285714

 $00:13:18.642 \longrightarrow 00:13:20.797$ They use contrast enhanced ultrasound.

 $00:13:20.800 \longrightarrow 00:13:22.900$ I don't think that's ever going to

NOTE Confidence: 0.876303329285714

 $00{:}13{:}22.900 \dashrightarrow 00{:}13{:}25.454$ really take off here in the states for

NOTE Confidence: 0.876303329285714

00:13:25.454 --> 00:13:27.418 many reasons like lung cancer where

NOTE Confidence: 0.876303329285714

00:13:27.418 --> 00:13:30.440 you can use low dose chest CT for example,

NOTE Confidence: 0.876303329285714

 $00:13:30.440 \longrightarrow 00:13:32.799$ could you do low dose liver CT?

NOTE Confidence: 0.874609802

00:13:32.800 --> 00:13:35.376 Probably not because of the kind of

NOTE Confidence: 0.874609802

 $00:13:35.376 \longrightarrow 00:13:38.217$ resolution that you need to see liver cancer.

NOTE Confidence: 0.874609802

00:13:38.220 --> 00:13:40.488 But abbreviated MRI with shorter imaging

NOTE Confidence: 0.874609802

 $00{:}13{:}40.488 \dashrightarrow 00{:}13{:}42.680$ times actually may be promising.

NOTE Confidence: 0.874609802

00:13:42.680 --> 00:13:44.395 And when I say shorter imaging times,

NOTE Confidence: 0.874609802

 $00{:}13{:}44.400 \dashrightarrow 00{:}13{:}45.642$ right now it takes about 45

NOTE Confidence: 0.874609802

 $00:13:45.642 \longrightarrow 00:13:46.999$ minutes to do a liver MRI.

NOTE Confidence: 0.874609802

 $00:13:47.000 \longrightarrow 00:13:48.278$ With abbreviated MRI you can get

NOTE Confidence: 0.874609802

 $00:13:48.278 \longrightarrow 00:13:49.799$ a person on and off the table.

NOTE Confidence: 0.874609802

 $00:13:49.800 \longrightarrow 00:13:51.600$ In about 10-15 minutes.

NOTE Confidence: 0.874609802

 $00:13:51.600 \longrightarrow 00:13:55.600$ So this is something that we want to study.

00:13:55.600 --> 00:13:58.057 And I think the VA is really the perfect

NOTE Confidence: 0.874609802

 $00{:}13{:}58.057 \dashrightarrow 00{:}14{:}00.640$ and probably the only place to study it.

NOTE Confidence: 0.874609802

 $00:14:00.640 \longrightarrow 00:14:03.146$ So cirrhosis is highly prevalent and MRI

NOTE Confidence: 0.874609802

 $00:14:03.146 \longrightarrow 00:14:05.458$ is really readily available at the VA

NOTE Confidence: 0.874609802

 $00:14:05.460 \longrightarrow 00:14:08.156$ and cirrhosis is quite common in the VA.

NOTE Confidence: 0.874609802

 $00:14:08.160 \longrightarrow 00:14:09.780$ The reasons for that is we have a 5

NOTE Confidence: 0.874609802

00:14:09.780 --> 00:14:11.458 fold higher incidence of hepatitis C,

NOTE Confidence: 0.874609802

 $00{:}14{:}11.460 \dashrightarrow 00{:}14{:}13.416$ which again is mostly now cured.

NOTE Confidence: 0.874609802

 $00{:}14{:}13.420 \dashrightarrow 00{:}14{:}15.346$ We have very high prevalence of

NOTE Confidence: 0.874609802

 $00{:}14{:}15.346 \dashrightarrow 00{:}14{:}17.604$ alcohol use disorder and very high

NOTE Confidence: 0.874609802

 $00:14:17.604 \longrightarrow 00:14:19.436$ prevalence of metabolic comorbidities.

NOTE Confidence: 0.874609802

 $00:14:19.440 \longrightarrow 00:14:21.316$ In addition, we have an aging population.

NOTE Confidence: 0.874609802

 $00{:}14{:}21.320 --> 00{:}14{:}22.060$ And as you all know,

NOTE Confidence: 0.874609802

 $00:14:22.060 \longrightarrow 00:14:24.496$ cancer is a disease of aging.

NOTE Confidence: 0.874609802

 $00:14:24.500 \longrightarrow 00:14:27.868$ So it's really the right mix of patients.

 $00:14:27.870 \longrightarrow 00:14:29.730$ We are the largest healthcare provider

NOTE Confidence: 0.874609802

 $00:14:29.730 \longrightarrow 00:14:31.569$ for liver disease in the nation

NOTE Confidence: 0.874609802

00:14:31.569 --> 00:14:33.480 and we're a closed system that can

NOTE Confidence: 0.874609802

 $00:14:33.480 \longrightarrow 00:14:35.069$ really look at our own metrics.

NOTE Confidence: 0.874609802

 $00{:}14{:}35.070 \dashrightarrow 00{:}14{:}36.820$ So our electronic health record

NOTE Confidence: 0.874609802

 $00:14:36.820 \longrightarrow 00:14:38.958$ has been curated for research by

NOTE Confidence: 0.874609802

 $00{:}14{:}38.958 \dashrightarrow 00{:}14{:}40.568$ the corporate data warehouse where

NOTE Confidence: 0.874609802

 $00:14:40.568 \longrightarrow 00:14:42.490$ we can really have wonderful,

NOTE Confidence: 0.874609802

 $00:14:42.490 \longrightarrow 00:14:46.795$ very rich data that spans 20 years.

NOTE Confidence: 0.874609802

 $00:14:46.800 \longrightarrow 00:14:48.545$ We also have operational sort

NOTE Confidence: 0.874609802

00:14:48.545 --> 00:14:50.680 of on the patient facing side,

NOTE Confidence: 0.874609802

00:14:50.680 --> 00:14:52.750 population health dashboards to identify

NOTE Confidence: 0.874609802

 $00:14:52.750 \longrightarrow 00:14:54.820$ patients in need of surveillance.

NOTE Confidence: 0.874609802

 $00:14:54.820 \longrightarrow 00:14:57.076$ We have clinical reminders that alert

NOTE Confidence: 0.874609802

00:14:57.076 --> 00:14:59.561 primary care providers to perform HC

NOTE Confidence: 0.874609802

 $00:14:59.561 \longrightarrow 00:15:01.898$ surveillance and we've made a lot of

 $00:15:01.898 \longrightarrow 00:15:03.150$ innovations with care coordination

NOTE Confidence: 0.874609802

 $00{:}15{:}03.205 \dashrightarrow 00{:}15{:}04.850$ and navigation with online tracking

NOTE Confidence: 0.874609802

 $00:15:04.850 \longrightarrow 00:15:07.199$ tools that help us follow the patient

NOTE Confidence: 0.874609802

 $00:15:07.199 \longrightarrow 00:15:08.814$ through the continuum of care.

NOTE Confidence: 0.874609802

00:15:08.820 --> 00:15:09.466 And again,

NOTE Confidence: 0.874609802

 $00:15:09.466 \longrightarrow 00:15:11.404$ MRI is really readily available and

NOTE Confidence: 0.874609802

00:15:11.404 --> 00:15:13.382 we don't have to prior authorize

NOTE Confidence: 0.874609802

 $00:15:13.382 \longrightarrow 00:15:14.646$ anything in the VA.

NOTE Confidence: 0.874609802

 $00:15:14.650 \longrightarrow 00:15:15.800$ Not nice.

NOTE Confidence: 0.874609802

 $00:15:15.800 \longrightarrow 00:15:21.590$ So so we can do this study in the VA.

NOTE Confidence: 0.874609802

 $00{:}15{:}21.590 \dashrightarrow 00{:}15{:}23.949$ So the question is will earlier detection

NOTE Confidence: 0.874609802

 $00{:}15{:}23.949 \dashrightarrow 00{:}15{:}25.692$ with abbreviated MRI actually result

NOTE Confidence: 0.874609802

 $00:15:25.692 \longrightarrow 00:15:27.714$ in a cancer related mortality benefit

NOTE Confidence: 0.874609802

 $00:15:27.714 \longrightarrow 00:15:29.965$ and this is what we want to find out.

NOTE Confidence: 0.874609802

 $00:15:29.970 \longrightarrow 00:15:32.091$ So our study called the premium study

 $00:15:32.091 \longrightarrow 00:15:34.739$ which I'll get to is a VA cooperative

NOTE Confidence: 0.874609802

 $00{:}15{:}34.739 \dashrightarrow 00{:}15{:}36.083$ studies program funded study.

NOTE Confidence: 0.874609802

00:15:36.090 --> 00:15:38.120 So the CSP actually funds very large

NOTE Confidence: 0.874609802

 $00:15:38.120 \longrightarrow 00:15:39.987$ scale trials only when they're super

NOTE Confidence: 0.874609802

 $00:15:39.987 \longrightarrow 00:15:42.171$ convinced that we're going to be asking

NOTE Confidence: 0.874609802

00:15:42.227 --> 00:15:44.645 fundamental questions that could change pack.

NOTE Confidence: 0.874609802

 $00:15:44.650 \longrightarrow 00:15:47.212$ Practice and they provide a dedicated

NOTE Confidence: 0.874609802

00:15:47.212 --> 00:15:48.920 coordinating Center for handling

NOTE Confidence: 0.874609802

 $00{:}15{:}48.987 \dashrightarrow 00{:}15{:}50.817$ the trial across many centers.

NOTE Confidence: 0.874609802

00:15:50.820 --> 00:15:53.123 And we actually designed a study with

NOTE Confidence: 0.874609802

 $00{:}15{:}53.123 \to 00{:}15{:}56.639$ a non screening arm which took a lot of

NOTE Confidence: 0.874609802

 $00:15:56.639 \longrightarrow 00:15:57.869$ convincing because gastroenterologists

NOTE Confidence: 0.874609802

 $00{:}15{:}57.869 \dashrightarrow 00{:}16{:}00.087$ and hepatologists consider a non

NOTE Confidence: 0.874609802

 $00{:}16{:}00.087 {\:{\circ}{\circ}{\circ}}>00{:}16{:}02.049$ screening arm unethical and actually

NOTE Confidence: 0.874609802

 $00:16:02.049 \longrightarrow 00:16:04.227$ many other trials have tried this

NOTE Confidence: 0.874609802

00:16:04.227 --> 00:16:06.619 in patients simply wouldn't enroll.

 $00:16:06.620 \longrightarrow 00:16:09.749$ So the other issue is that we

NOTE Confidence: 0.874609802

 $00:16:09.749 \longrightarrow 00:16:12.383$ really do think that ultrasound

NOTE Confidence: 0.874609802

 $00{:}16{:}12.383 \rightarrow 00{:}16{:}14.452$ is at this point insensitive.

NOTE Confidence: 0.874609802

00:16:14.452 --> 00:16:15.924 Enough that it's actually

NOTE Confidence: 0.874609802

00:16:15.924 --> 00:16:17.679 not a bad comparator,

NOTE Confidence: 0.874609802

00:16:17.680 --> 00:16:21.070 since it's standard of care anyway.

NOTE Confidence: 0.874609802

 $00:16:21.070 \longrightarrow 00:16:22.170$ So this is the study.

NOTE Confidence: 0.874609802

00:16:22.170 --> 00:16:23.734 It's called preventing liver

NOTE Confidence: 0.874609802

 $00:16:23.734 \longrightarrow 00:16:25.298$ cancer mortality through imaging

NOTE Confidence: 0.874609802

 $00{:}16{:}25.298 \dashrightarrow 00{:}16{:}26.689$ with ultrasound versus MRI.

NOTE Confidence: 0.874609802

00:16:26.690 --> 00:16:28.380 And it's a randomized controlled

NOTE Confidence: 0.874609802

 $00:16:28.380 \longrightarrow 00:16:30.070$ trial of standard of care

NOTE Confidence: 0.811957548

 $00{:}16{:}30.136 {\:{\mbox{--}}\!\!>}\ 00{:}16{:}31.560$ ultrasound plus AFP versus

NOTE Confidence: 0.811957548

 $00{:}16{:}31.560 \dashrightarrow 00{:}16{:}33.696$ abbreviated MRI plus AFP every six

NOTE Confidence: 0.811957548

 $00:16:33.756 \longrightarrow 00:16:35.331$ months in patients with cirrhosis

 $00:16:35.331 \longrightarrow 00:16:37.602$ who have a high risk of HCC.

NOTE Confidence: 0.811957548

 $00{:}16{:}37.602 \dashrightarrow 00{:}16{:}39.492$ And some might say, well, geez,

NOTE Confidence: 0.811957548

 $00:16:39.492 \longrightarrow 00:16:40.747$ why are you starting there?

NOTE Confidence: 0.811957548

 $00:16:40.750 \longrightarrow 00:16:42.004$ You know, there's so many people

NOTE Confidence: 0.811957548

 $00:16:42.004 \longrightarrow 00:16:43.530$ who have so many variable risks,

NOTE Confidence: 0.811957548

 $00:16:43.530 \longrightarrow 00:16:44.910$ why are you starting there?

NOTE Confidence: 0.811957548

 $00:16:44.910 \longrightarrow 00:16:47.220$ And I think we have to start

NOTE Confidence: 0.811957548

00:16:47.220 --> 00:16:48.634 here because surveillance even

NOTE Confidence: 0.811957548

 $00:16:48.634 \longrightarrow 00:16:50.419$ in cirrhosis has poor uptight.

NOTE Confidence: 0.811957548

 $00:16:50.420 \longrightarrow 00:16:53.076$ Poor uptake and a lot of debate still

NOTE Confidence: 0.811957548

 $00:16:53.076 \longrightarrow 00:16:55.717$ around it outside of the liver world.

NOTE Confidence: 0.811957548

 $00:16:55.720 \longrightarrow 00:16:58.200$ So I think this is the right population.

NOTE Confidence: 0.811957548

 $00{:}16{:}58.200 \dashrightarrow 00{:}16{:}59.640$ This is the abbreviated MRI protocol

NOTE Confidence: 0.811957548

 $00{:}16{:}59.640 \dashrightarrow 00{:}17{:}01.379$ if any of you are interested.

NOTE Confidence: 0.811957548

 $00:17:01.380 \longrightarrow 00:17:04.817$ It really has all the sequences to

NOTE Confidence: 0.811957548

 $00{:}17{:}04.817 \dashrightarrow 00{:}17{:}07.100$ diagnose HCC and the room time as

 $00:17:07.100 \longrightarrow 00:17:09.400$ I said is about 10 to 15 minutes.

NOTE Confidence: 0.811957548

 $00{:}17{:}09.400 \dashrightarrow 00{:}17{:}11.325$ So we're essentially taking a

NOTE Confidence: 0.811957548

00:17:11.325 --> 00:17:12.872 diagnostic exam, shortening it,

NOTE Confidence: 0.811957548

 $00:17:12.872 \longrightarrow 00:17:14.802$ still keeping the diagnostic sequences

NOTE Confidence: 0.811957548

 $00:17:14.802 \longrightarrow 00:17:17.200$ and using it as a screening exam.

NOTE Confidence: 0.811957548

 $00{:}17{:}17.200 \dashrightarrow 00{:}17{:}19.325$ Our primary outcome is cumulative

NOTE Confidence: 0.811957548

 $00:17:19.325 \longrightarrow 00:17:20.600$ HTC related mortality.

NOTE Confidence: 0.811957548

 $00:17:20.600 \longrightarrow 00:17:22.868$ The study and which is your age

NOTE Confidence: 0.811957548

00:17:22.868 --> 00:17:24.582 for the surveillance portion and

NOTE Confidence: 0.811957548

 $00{:}17{:}24.582 \dashrightarrow 00{:}17{:}26.604$ we're powered to detect a reduction

NOTE Confidence: 0.811957548

 $00:17:26.604 \longrightarrow 00:17:28.969$ in HCC related mortality of 35%.

NOTE Confidence: 0.811957548

00:17:28.969 --> 00:17:29.727 Of course,

NOTE Confidence: 0.811957548

 $00{:}17{:}29.727 \dashrightarrow 00{:}17{:}32.380$ we're going to be following any incident

NOTE Confidence: 0.811957548

 $00:17:32.453 \longrightarrow 00:17:35.297$ HCC through the life of the study as well.

NOTE Confidence: 0.811957548

 $00:17:35.300 \longrightarrow 00:17:36.908$ So our study setting is 47

00:17:36.908 --> 00:17:38.416 VA medical centers with high

NOTE Confidence: 0.811957548

 $00{:}17{:}38.416 \dashrightarrow 00{:}17{:}39.920$ numbers of cirrhosis patients.

NOTE Confidence: 0.811957548

 $00:17:39.920 \longrightarrow 00:17:42.120$ According to those population

NOTE Confidence: 0.811957548

 $00:17:42.120 \longrightarrow 00:17:43.220$ health dashboards,

NOTE Confidence: 0.811957548

 $00:17:43.220 \longrightarrow 00:17:44.900$ they have to have adequate

NOTE Confidence: 0.811957548

 $00{:}17{:}44.900 \dashrightarrow 00{:}17{:}47.081$ MRI capacity and access to a

NOTE Confidence: 0.811957548

 $00:17:47.081 \longrightarrow 00:17:48.813$ multidisciplinary liver tumor board

NOTE Confidence: 0.811957548

00:17:48.813 --> 00:17:50.258 for state-of-the-art treatment of HCC,

NOTE Confidence: 0.811957548

 $00:17:50.258 \longrightarrow 00:17:51.518$ which is a tall order.

NOTE Confidence: 0.811957548

 $00:17:51.520 \longrightarrow 00:17:53.698$ It's one thing to diagnose a bunch of HCC,

NOTE Confidence: 0.811957548

 $00{:}17{:}53.700 \dashrightarrow 00{:}17{:}56.017$ but if you're not treating it correctly,

NOTE Confidence: 0.811957548

 $00:17:56.020 \longrightarrow 00:17:57.736$ that would really influence the study.

NOTE Confidence: 0.811957548

00:17:57.740 --> 00:18:00.188 So every center has to agree that they

NOTE Confidence: 0.811957548

 $00:18:00.188 \longrightarrow 00:18:02.425$ will send their patient to a tumor

NOTE Confidence: 0.811957548

 $00:18:02.425 \longrightarrow 00:18:05.010$ board and that they have access to care.

NOTE Confidence: 0.811957548

 $00{:}18{:}05.010 \dashrightarrow 00{:}18{:}07.906$ The VA is very serious about trying to

 $00:18:07.906 \longrightarrow 00:18:10.109$ enroll veterans all over the country.

NOTE Confidence: 0.811957548

 $00{:}18{:}10.110 \dashrightarrow 00{:}18{:}12.420$ So they have these network of dedicated

NOTE Confidence: 0.811957548

00:18:12.420 --> 00:18:14.097 enrollment sites that we're working

NOTE Confidence: 0.811957548

00:18:14.097 --> 00:18:16.288 with and giving priority to the study.

NOTE Confidence: 0.811957548

 $00:18:16.290 \longrightarrow 00:18:18.688$ Our total sample size is 4700 patients,

NOTE Confidence: 0.811957548

 $00:18:18.688 \longrightarrow 00:18:20.781$ 2350 per arm and the duration is

NOTE Confidence: 0.811957548

 $00:18:20.781 \longrightarrow 00:18:23.165$ 9 years and it's eight years in

NOTE Confidence: 0.811957548

00:18:23.165 --> 00:18:24.942 the surveillance and then nine

NOTE Confidence: 0.811957548

 $00:18:24.942 \longrightarrow 00:18:26.410$ years for data analytics.

NOTE Confidence: 0.811957548

 $00:18:26.410 \longrightarrow 00:18:28.223$ And what's interesting here is if you

NOTE Confidence: 0.811957548

00:18:28.223 --> 00:18:30.129 think about the burden to each center,

NOTE Confidence: 0.811957548

 $00:18:30.130 \longrightarrow 00:18:32.671$ we're basically asking them to enroll about

NOTE Confidence: 0.811957548

 $00{:}18{:}32.671 \dashrightarrow 00{:}18{:}35.139$ 100 patients over the enrollment period.

NOTE Confidence: 0.811957548

 $00:18:35.140 \longrightarrow 00:18:37.276$ Which is the first three years of the

NOTE Confidence: 0.811957548

00:18:37.276 --> 00:18:39.448 study and essentially they're going to

 $00:18:39.448 \longrightarrow 00:18:41.806$ be performing 100 extra abbreviated MRI.

NOTE Confidence: 0.811957548

00:18:41.810 --> 00:18:42.458 So you know,

NOTE Confidence: 0.811957548

 $00:18:42.458 \longrightarrow 00:18:43.754$ those people would have had an

NOTE Confidence: 0.811957548

 $00:18:43.754 \longrightarrow 00:18:44.688$ ultrasound every six months.

NOTE Confidence: 0.811957548

00:18:44.690 --> 00:18:46.410 They're getting an abbreviated MRI.

NOTE Confidence: 0.811957548

 $00:18:46.410 \longrightarrow 00:18:47.730$ It's not a huge ask.

NOTE Confidence: 0.811957548

 $00{:}18{:}47.730 \dashrightarrow 00{:}18{:}50.682$ It's actually fairly tenable for a

NOTE Confidence: 0.811957548

 $00:18:50.682 \longrightarrow 00:18:54.298$ larger center that has a functioning MRI.

NOTE Confidence: 0.811957548

 $00:18:54.300 \longrightarrow 00:18:55.390$ So this is just the,

NOTE Confidence: 0.811957548

 $00:18:55.390 \longrightarrow 00:18:57.231$ what the study is going to look

NOTE Confidence: 0.811957548

 $00{:}18{:}57.231 \dashrightarrow 00{:}18{:}58.890$ like in terms of enrollment is

NOTE Confidence: 0.811957548

 $00:18:58.890 \longrightarrow 00:19:00.960$ for the first three years and

NOTE Confidence: 0.811957548

 $00:19:00.960 \longrightarrow 00:19:03.377$ then everybody is you know in a

NOTE Confidence: 0.811957548

 $00:19:03.377 \longrightarrow 00:19:04.709$ surveillance pattern through year

NOTE Confidence: 0.811957548

 $00:19:04.709 \longrightarrow 00:19:06.826$ eight and then we analyze the data.

NOTE Confidence: 0.811957548

 $00:19:06.830 \longrightarrow 00:19:09.190$ And this is just a schematic of our

 $00:19:09.190 \longrightarrow 00:19:11.206$ hypothesis and the difference between

NOTE Confidence: 0.811957548

 $00:19:11.206 \longrightarrow 00:19:13.026$ abbreviated MRI and ultrasound.

NOTE Confidence: 0.811957548

 $00:19:13.030 \longrightarrow 00:19:14.650$ So we hope that we're going

NOTE Confidence: 0.811957548

 $00:19:14.650 \longrightarrow 00:19:15.730$ to detect cancer at

NOTE Confidence: 0.876957294166667

 $00:19:15.788 \longrightarrow 00:19:18.638$ earlier stages, offer more curative therapy,

NOTE Confidence: 0.876957294166667

00:19:18.638 --> 00:19:20.626 reduce HC related mortality

NOTE Confidence: 0.876957294166667

 $00:19:20.626 \longrightarrow 00:19:22.730$ and if this is true,

NOTE Confidence: 0.876957294166667

 $00:19:22.730 \longrightarrow 00:19:26.384$ then abbreviated MRI will be widely adopted,

NOTE Confidence: 0.876957294166667

00:19:26.390 --> 00:19:27.558 MRI's are becoming cheaper.

NOTE Confidence: 0.876957294166667

 $00:19:27.558 \longrightarrow 00:19:30.477$ So the hope is that this study will also

NOTE Confidence: 0.876957294166667

 $00:19:30.477 \longrightarrow 00:19:31.957$ dovetail with technological advances

NOTE Confidence: 0.876957294166667

 $00:19:31.957 \dashrightarrow 00:19:34.590$ that make MRI within reach for patients.

NOTE Confidence: 0.876957294166667

00:19:34.590 --> 00:19:36.552 And again you can see that

NOTE Confidence: 0.876957294166667

00:19:36.552 --> 00:19:37.860 we're really hoping to.

NOTE Confidence: 0.876957294166667

 $00:19:37.860 \longrightarrow 00:19:41.899$ Capitalize on the sensitivity of MRI.

 $00:19:41.900 \longrightarrow 00:19:44.204$ So we will have a large

NOTE Confidence: 0.876957294166667

00:19:44.204 --> 00:19:45.740 bio and image repository.

NOTE Confidence: 0.876957294166667

 $00:19:45.740 \longrightarrow 00:19:47.174$ So we're going to be collecting

NOTE Confidence: 0.876957294166667

 $00:19:47.174 \longrightarrow 00:19:48.673$ blood every six months from patients

NOTE Confidence: 0.876957294166667

00:19:48.673 --> 00:19:50.395 when they come in for their imaging.

NOTE Confidence: 0.876957294166667

 $00:19:50.400 \longrightarrow 00:19:52.792$ That's going to be shipped to the A

NOTE Confidence: 0.876957294166667

 $00:19:52.792 \longrightarrow 00:19:54.239$ central biorepository for processing.

NOTE Confidence: 0.876957294166667

 $00{:}19{:}54.240 \dashrightarrow 00{:}19{:}56.430$ We're collecting all the digital

NOTE Confidence: 0.876957294166667

 $00:19:56.430 \longrightarrow 00:19:58.620$ files for ultrasound abbreviated MRI.

NOTE Confidence: 0.876957294166667

 $00:19:58.620 \longrightarrow 00:20:00.792$ And so there are many possibilities

NOTE Confidence: 0.876957294166667

 $00{:}20{:}00.792 \dashrightarrow 00{:}20{:}02.240$ for collaboration on biomarkers,

NOTE Confidence: 0.876957294166667

 $00:20:02.240 \longrightarrow 00:20:03.452$ both blood and imaging.

NOTE Confidence: 0.876957294166667

 $00:20:03.452 \longrightarrow 00:20:05.270$ And imaging is actually very important.

NOTE Confidence: 0.876957294166667

 $00:20:05.270 \longrightarrow 00:20:07.094$ There may be much that we learn from

NOTE Confidence: 0.876957294166667

 $00:20:07.100 \longrightarrow 00:20:08.416$ MRI's that has nothing to do with.

NOTE Confidence: 0.876957294166667

 $00:20:08.420 \longrightarrow 00:20:11.024$ Answer and the CSP is actually

00:20:11.024 --> 00:20:13.333 really nice at encouraging spin-off

NOTE Confidence: 0.876957294166667

 $00:20:13.333 \longrightarrow 00:20:15.808$ studies and in collaborating with

NOTE Confidence: 0.876957294166667

 $00{:}20{:}15.808 \rightarrow 00{:}20{:}18.780$ other centers like NIH for example.

NOTE Confidence: 0.876957294166667

00:20:18.780 --> 00:20:21.180 So I talked about a biorepository.

NOTE Confidence: 0.876957294166667

 $00:20:21.180 \longrightarrow 00:20:23.804$ I think one of the biggest questions that

NOTE Confidence: 0.876957294166667

 $00:20:23.804 \longrightarrow 00:20:25.896$ the reviewers had for this grant was,

NOTE Confidence: 0.876957294166667 00:20:25.900 --> 00:20:26.560 well, hey, NOTE Confidence: 0.876957294166667

 $00:20:26.560 \longrightarrow 00:20:28.210$ what if something happens where

NOTE Confidence: 0.876957294166667

 $00:20:28.210 \longrightarrow 00:20:30.160$ you can just screen for HTC,

NOTE Confidence: 0.876957294166667 00:20:30.160 --> 00:20:30.670 you know, NOTE Confidence: 0.876957294166667

 $00:20:30.670 \longrightarrow 00:20:32.455$ based on some blood test and I

NOTE Confidence: 0.876957294166667

 $00:20:32.455 \longrightarrow 00:20:33.779$ it is a real threat.

NOTE Confidence: 0.876957294166667

 $00{:}20{:}33.780 \dashrightarrow 00{:}20{:}35.334$ I don't think it's necessarily going to

NOTE Confidence: 0.876957294166667

 $00:20:35.334 \longrightarrow 00:20:37.117$ come to pass in the life of the study,

NOTE Confidence: 0.876957294166667

 $00:20:37.120 \longrightarrow 00:20:39.388$ but it is something that we felt

 $00:20:39.388 \longrightarrow 00:20:41.135$ that a biorepository would be

NOTE Confidence: 0.876957294166667

00:20:41.135 --> 00:20:43.265 very useful to validate in a

NOTE Confidence: 0.876957294166667

 $00:20:43.265 \longrightarrow 00:20:44.710$ pretty heterogeneous population.

NOTE Confidence: 0.876957294166667

00:20:44.710 --> 00:20:46.160 And one can argue, well,

NOTE Confidence: 0.876957294166667

 $00:20:46.160 \longrightarrow 00:20:47.756$ the VA how heterogeneous is it?

NOTE Confidence: 0.876957294166667

 $00:20:47.760 \longrightarrow 00:20:48.520$ It's a bunch of.

NOTE Confidence: 0.876957294166667

 $00:20:48.520 \longrightarrow 00:20:50.150$ Then, but the truth is,

NOTE Confidence: 0.876957294166667

00:20:50.150 --> 00:20:52.678 is that it's actually quite heterogeneous

NOTE Confidence: 0.876957294166667

 $00{:}20{:}52.678 \dashrightarrow 00{:}20{:}55.390$ in terms of ethnicity and background.

NOTE Confidence: 0.876957294166667

 $00:20:55.390 \longrightarrow 00:20:57.350$ So you can see here the present

NOTE Confidence: 0.876957294166667

 $00:20:57.350 \longrightarrow 00:20:58.738$ state of biomarker development

NOTE Confidence: 0.876957294166667

00:20:58.738 --> 00:21:00.706 development for early detection.

NOTE Confidence: 0.876957294166667

 $00:21:00.710 \longrightarrow 00:21:03.392$ There are four FDA approved biomarkers

NOTE Confidence: 0.876957294166667

 $00:21:03.392 \longrightarrow 00:21:06.050$ on this list here there's AFP,

NOTE Confidence: 0.876957294166667 00:21:06.050 --> 00:21:06.990 AFP, L3, NOTE Confidence: 0.876957294166667

00:21:06.990 --> 00:21:09.990 DCP and GALAD and their DRN

 $00:21:09.990 \longrightarrow 00:21:11.490$ phase of validation.

NOTE Confidence: 0.876957294166667

00:21:11.490 --> 00:21:13.289 So really AFP is hit prime time.

NOTE Confidence: 0.876957294166667

 $00:21:13.290 \longrightarrow 00:21:15.390$ I don't think many of us use

NOTE Confidence: 0.876957294166667

00:21:15.390 --> 00:21:18.030 FPL 3 DCP or Gallatin practice,

NOTE Confidence: 0.876957294166667

 $00:21:18.030 \longrightarrow 00:21:18.986$ but you can see.

NOTE Confidence: 0.876957294166667

00:21:18.986 --> 00:21:20.420 As you go down this list,

NOTE Confidence: 0.876957294166667

00:21:20.420 --> 00:21:22.448 you're starting to have multiple different

NOTE Confidence: 0.876957294166667

 $00:21:22.448 \longrightarrow 00:21:24.380$ factors play into your algorithm.

NOTE Confidence: 0.876957294166667

 $00{:}21{:}24.380 \dashrightarrow 00{:}21{:}26.428$ So you're you're never going to find a

NOTE Confidence: 0.876957294166667

 $00{:}21{:}26.428 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}21{:}28.560$ Holy Grail in HC of like 1 great protein,

NOTE Confidence: 0.876957294166667

 $00{:}21{:}28.560 \dashrightarrow 00{:}21{:}29.271$ one great marker.

NOTE Confidence: 0.876957294166667

00:21:29.271 --> 00:21:30.930 It's always going to be a mix

NOTE Confidence: 0.876957294166667

 $00:21:30.988 \longrightarrow 00:21:31.999$ of different things,

NOTE Confidence: 0.876957294166667

 $00{:}21{:}32.000 \dashrightarrow 00{:}21{:}35.260$ clinical you know proteins etcetera.

NOTE Confidence: 0.876957294166667

00:21:35.260 --> 00:21:37.936 So we're getting much more into

 $00:21:37.936 \longrightarrow 00:21:40.423$ sort of this algorithmic type

NOTE Confidence: 0.876957294166667

 $00:21:40.423 \longrightarrow 00:21:42.907$ approach to biomarker development.

NOTE Confidence: 0.876957294166667

00:21:42.910 --> 00:21:43.504 Liquid biopsy,

NOTE Confidence: 0.876957294166667

 $00:21:43.504 \longrightarrow 00:21:45.286$ I think has been very encouraging.

NOTE Confidence: 0.876957294166667

 $00:21:45.290 \longrightarrow 00:21:46.436$ In other cancers,

NOTE Confidence: 0.876957294166667

00:21:46.436 --> 00:21:48.346 it's certainly encouraging an HTC,

NOTE Confidence: 0.876957294166667

 $00:21:48.350 \longrightarrow 00:21:50.400$ but it requires cross validation

NOTE Confidence: 0.876957294166667

 $00:21:50.400 \longrightarrow 00:21:51.630$ and better precision.

NOTE Confidence: 0.876957294166667

 $00{:}21{:}51.630 \dashrightarrow 00{:}21{:}54.414$ I would say that detecting early

NOTE Confidence: 0.876957294166667

00:21:54.414 --> 00:21:56.196 HCC is difficult actually.

NOTE Confidence: 0.876957294166667

 $00:21:56.196 \longrightarrow 00:21:58.512$ Where these biomarkers may be most

NOTE Confidence: 0.876957294166667

 $00{:}21{:}58.512 \dashrightarrow 00{:}22{:}01.428$ important is in detecting recurrence, Umm.

NOTE Confidence: 0.876957294166667

00:22:01.428 --> 00:22:04.470 So there's a lot of work going on here.

NOTE Confidence: 0.876957294166667

00:22:04.470 --> 00:22:06.468 But I think for early detection,

NOTE Confidence: 0.876957294166667

 $00:22:06.470 \longrightarrow 00:22:09.326$ liquid biopsy isn't yet ready for prime time.

NOTE Confidence: 0.876957294166667

 $00:22:09.330 \longrightarrow 00:22:11.136$ There's a lot of things that are

00:22:11.136 --> 00:22:12.670 very intriguing in liquid biopsy.

NOTE Confidence: 0.876957294166667 00:22:12.670 --> 00:22:13.480 So it's not. NOTE Confidence: 0.876957294166667

00:22:13.480 --> 00:22:14.560 Just circulating tumor cells,

NOTE Confidence: 0.719154176

00:22:14.560 --> 00:22:18.260 it's things like extracellular vesicles,

NOTE Confidence: 0.719154176

 $00:22:18.260 \longrightarrow 00:22:20.088$ you know, circulating free

NOTE Confidence: 0.719154176

 $00:22:20.088 \longrightarrow 00:22:21.916$ DNA and methylated DNA.

NOTE Confidence: 0.719154176

 $00:22:21.920 \longrightarrow 00:22:23.816$ So there's a lot to learn here and

NOTE Confidence: 0.719154176

00:22:23.816 --> 00:22:25.918 a lot of platforms on which we can

NOTE Confidence: 0.719154176

 $00:22:25.918 \longrightarrow 00:22:27.734$ kind of look at different things

NOTE Confidence: 0.719154176

 $00:22:27.734 \longrightarrow 00:22:29.870$ from the blood that we collect.

NOTE Confidence: 0.719154176

 $00:22:29.870 \longrightarrow 00:22:33.030$ So even with the best of intentions of

NOTE Confidence: 0.719154176

 $00:22:33.030 \longrightarrow 00:22:36.708$ trying to think about different populations,

NOTE Confidence: 0.719154176

 $00{:}22{:}36.710 \dashrightarrow 00{:}22{:}38.598$ I can bring you down to the microscopic

NOTE Confidence: 0.719154176

 $00:22:38.598 \longrightarrow 00:22:40.825$ level and tell you that not only are

NOTE Confidence: 0.719154176

 $00:22:40.825 \longrightarrow 00:22:42.295$ our populations heterogeneous in terms

00:22:42.295 --> 00:22:43.987 of their ideology of liver disease,

NOTE Confidence: 0.719154176

 $00:22:43.990 \longrightarrow 00:22:45.815$ but the cancer itself is

NOTE Confidence: 0.719154176

 $00:22:45.815 \longrightarrow 00:22:46.545$ really heterogeneous.

NOTE Confidence: 0.719154176

00:22:46.550 --> 00:22:49.826 And there can be intratumoral heterogeneity,

NOTE Confidence: 0.719154176

 $00:22:49.830 \longrightarrow 00:22:50.892$ intratumoral heterogeneity.

NOTE Confidence: 0.719154176

 $00:22:50.892 \longrightarrow 00:22:53.016$ And so this actually

NOTE Confidence: 0.719154176

00:22:53.016 --> 00:22:54.609 becomes very complicated.

NOTE Confidence: 0.719154176

00:22:54.610 --> 00:22:57.049 And all of this is HC under the microscope.

NOTE Confidence: 0.719154176

00:22:57.050 --> 00:22:58.724 So you can see just how

NOTE Confidence: 0.719154176

 $00:22:58.724 \longrightarrow 00:23:00.440$ different some of these patterns.

NOTE Confidence: 0.719154176

 $00{:}23{:}00.440 --> 00{:}23{:}02.555$ Yeah. So again,

NOTE Confidence: 0.719154176

00:23:02.555 --> 00:23:04.670 there's intratumoral heterogeneity,

NOTE Confidence: 0.719154176

00:23:04.670 --> 00:23:05.550 intratumoral heterogeneity

NOTE Confidence: 0.719154176

 $00{:}23{:}05.550 \dashrightarrow 00{:}23{:}08.162$ and this is really, you know,

NOTE Confidence: 0.719154176

00:23:08.162 --> 00:23:09.440 obviously interpatient heterogeneity,

NOTE Confidence: 0.719154176

 $00:23:09.440 \longrightarrow 00:23:10.421$ which I've discussed.

 $00:23:10.421 \longrightarrow 00:23:12.710$ But then there's a lot going on

NOTE Confidence: 0.719154176

 $00:23:12.780 \longrightarrow 00:23:14.970$ in terms of components of tumor

NOTE Confidence: 0.719154176

 $00:23:14.970 \longrightarrow 00:23:16.430$ heterogeneity in the liver.

NOTE Confidence: 0.719154176

 $00:23:16.430 \longrightarrow 00:23:18.572$ So the liver is a complicated organ

NOTE Confidence: 0.719154176

 $00:23:18.572 \longrightarrow 00:23:21.044$ where there's a lot of innate immune

NOTE Confidence: 0.719154176

 $00:23:21.044 \longrightarrow 00:23:22.532$ suppression because actually the

NOTE Confidence: 0.719154176

 $00:23:22.532 \longrightarrow 00:23:24.784$ liver is what screens for foreign

NOTE Confidence: 0.719154176

00:23:24.784 --> 00:23:26.470 pathogens in your diet, right,

NOTE Confidence: 0.719154176

 $00:23:26.470 \longrightarrow 00:23:28.150$ and all the things that you're seeing.

NOTE Confidence: 0.719154176

 $00:23:28.150 \longrightarrow 00:23:30.640$ So these cancers grow up in a in a fairly.

NOTE Confidence: 0.719154176

00:23:30.640 --> 00:23:31.648 Immune suppressed environment.

NOTE Confidence: 0.719154176

00:23:31.648 --> 00:23:33.664 So it's a little bit different

NOTE Confidence: 0.719154176

 $00{:}23{:}33.664 \dashrightarrow 00{:}23{:}35.429$ than the milieu of other organs.

NOTE Confidence: 0.719154176

 $00{:}23{:}35.430 \dashrightarrow 00{:}23{:}37.702$ So there really is a lot to consider

NOTE Confidence: 0.719154176

 $00:23:37.702 \longrightarrow 00:23:39.659$ in terms of how to study this.

00:23:39.660 --> 00:23:41.340 And teasing out oncogenic pathways

NOTE Confidence: 0.719154176

 $00:23:41.340 \longrightarrow 00:23:43.451$ from the pathways that are already

NOTE Confidence: 0.719154176

00:23:43.451 --> 00:23:44.927 upregulated from hepatic injury

NOTE Confidence: 0.719154176

 $00:23:44.927 \longrightarrow 00:23:46.772$ and repair is very complex.

NOTE Confidence: 0.719154176

00:23:46.780 --> 00:23:49.192 And I think we all like to think linearly,

NOTE Confidence: 0.719154176

00:23:49.200 --> 00:23:51.258 but it doesn't really work here.

NOTE Confidence: 0.719154176

 $00:23:51.260 \longrightarrow 00:23:53.073$ So these are all the things that

NOTE Confidence: 0.719154176

00:23:53.073 --> 00:23:54.662 are associated with the paddock

NOTE Confidence: 0.719154176

00:23:54.662 --> 00:23:55.799 inflammation and fibrosis,

NOTE Confidence: 0.719154176

 $00:23:55.800 \longrightarrow 00:23:57.068$ some of them individually,

NOTE Confidence: 0.719154176

 $00{:}23{:}57.068 \dashrightarrow 00{:}23{:}58.336$ some of them synergistically,

NOTE Confidence: 0.719154176

 $00:23:58.340 \longrightarrow 00:24:00.734$ some of them lumped together like metabolic,

NOTE Confidence: 0.719154176

00:24:00.740 --> 00:24:02.288 obesity, Nash and diabetes,

NOTE Confidence: 0.719154176

 $00:24:02.288 \longrightarrow 00:24:03.836$ which are all interrelated.

NOTE Confidence: 0.719154176

 $00:24:03.840 \longrightarrow 00:24:05.766$ And we like to think that all of these

NOTE Confidence: 0.719154176

 $00:24:05.766 \longrightarrow 00:24:07.622$ start this cascade that goes stepwise

 $00:24:07.622 \longrightarrow 00:24:09.700$ from inflammation and fibrosis to advanced.

NOTE Confidence: 0.719154176

00:24:09.700 --> 00:24:12.150 Fibrosis and cirrhosis to HCC,

NOTE Confidence: 0.719154176

00:24:12.150 --> 00:24:14.068 but it really doesn't happen that way.

NOTE Confidence: 0.719154176

 $00:24:14.070 \longrightarrow 00:24:16.950$ And we know that 20 to 30% of HTC

NOTE Confidence: 0.719154176

 $00:24:16.950 \longrightarrow 00:24:18.870$ and hepatitis B NAFLD and HIV

NOTE Confidence: 0.719154176

 $00:24:18.870 \longrightarrow 00:24:21.327$ arises in the absence of cirrhosis.

NOTE Confidence: 0.719154176

 $00:24:21.330 \longrightarrow 00:24:22.758$ So we can't really,

NOTE Confidence: 0.719154176

00:24:22.758 --> 00:24:24.186 although it's very tempting,

NOTE Confidence: 0.719154176

 $00:24:24.190 \longrightarrow 00:24:25.948$ we can't really think linearly here.

NOTE Confidence: 0.719154176

 $00:24:25.950 \longrightarrow 00:24:28.046$ We have to think about different hits when

NOTE Confidence: 0.719154176

 $00{:}24{:}28.046 \dashrightarrow 00{:}24{:}30.449$ in the lifetime these hits are happening,

NOTE Confidence: 0.719154176

 $00:24:30.450 \longrightarrow 00:24:31.958$ what are the exposures,

NOTE Confidence: 0.719154176

00:24:31.958 --> 00:24:33.466 the persons involved with,

NOTE Confidence: 0.719154176

 $00:24:33.470 \longrightarrow 00:24:33.730$ etcetera.

NOTE Confidence: 0.719154176

 $00:24:33.730 \longrightarrow 00:24:36.070$ So there's a lot really to consider and I

 $00:24:36.122 \longrightarrow 00:24:38.138$ think these stepwise schematics are great

NOTE Confidence: 0.719154176

 $00{:}24{:}38.138 \dashrightarrow 00{:}24{:}40.150$ if you're learning about the disease.

NOTE Confidence: 0.719154176

 $00:24:40.150 \longrightarrow 00:24:41.697$ So once you've learned about their disease,

NOTE Confidence: 0.719154176

 $00:24:41.700 \longrightarrow 00:24:45.067$ you realize just how complicated it is.

NOTE Confidence: 0.719154176

 $00:24:45.070 \longrightarrow 00:24:46.568$ So one of the things we're looking

NOTE Confidence: 0.719154176

 $00:24:46.568 \longrightarrow 00:24:48.376$ at in the VA and this is again

NOTE Confidence: 0.719154176

 $00:24:48.376 \longrightarrow 00:24:49.491$ work in the vocal cohort,

NOTE Confidence: 0.719154176

 $00:24:49.500 \longrightarrow 00:24:52.419$ which is a big virtual cohort of

NOTE Confidence: 0.719154176

 $00:24:52.420 \longrightarrow 00:24:54.240$ 130,000 patients with cirrhosis.

NOTE Confidence: 0.719154176

00:24:54.240 --> 00:24:57.710 And the VA over these past 20 years

NOTE Confidence: 0.719154176

 $00{:}24{:}57.710 \dashrightarrow 00{:}25{:}00.120$ is some of the effects of blood

NOTE Confidence: 0.719154176

 $00:25:00.120 \longrightarrow 00:25:02.320$ glucose control and some hypothesis

NOTE Confidence: 0.719154176

 $00:25:02.320 \longrightarrow 00:25:04.080$ around blood glucose control.

NOTE Confidence: 0.719154176

 $00:25:04.080 \longrightarrow 00:25:06.650$ And we actually found quite

NOTE Confidence: 0.719154176

 $00:25:06.650 \longrightarrow 00:25:08.192$ antithetically that sustained

NOTE Confidence: 0.719154176

 $00:25:08.192 \longrightarrow 00:25:09.220$ blood glucose

 $00:25:09.298 \longrightarrow 00:25:12.560$ control actually increases your risk for HTC.

NOTE Confidence: 0.860559434705882

00:25:12.560 --> 00:25:14.294 Why is that? It's because of

NOTE Confidence: 0.860559434705882

 $00:25:14.294 \longrightarrow 00:25:15.450$ the Tropic effective insulin.

NOTE Confidence: 0.860559434705882

 $00:25:15.450 \longrightarrow 00:25:18.050$ So we have to actually look at the

NOTE Confidence: 0.860559434705882

 $00:25:18.050 \longrightarrow 00:25:19.447$ pharmacoepidemiology of these patients

NOTE Confidence: 0.860559434705882

 $00:25:19.447 \longrightarrow 00:25:21.505$ when they were started on insulin,

NOTE Confidence: 0.860559434705882

 $00:25:21.510 \longrightarrow 00:25:23.028$ when in the course of their

NOTE Confidence: 0.860559434705882

 $00:25:23.028 \longrightarrow 00:25:24.389$ diabetes and their liver disease

NOTE Confidence: 0.860559434705882

00:25:24.389 --> 00:25:25.889 they were started on insulin,

NOTE Confidence: 0.860559434705882

 $00:25:25.890 \longrightarrow 00:25:28.890$ what other drugs they received etcetera.

NOTE Confidence: 0.860559434705882

 $00:25:28.890 \longrightarrow 00:25:31.226$ So this is really just to show you

NOTE Confidence: 0.860559434705882

 $00:25:31.226 \longrightarrow 00:25:32.691$ the robustness of the associations

NOTE Confidence: 0.860559434705882

 $00:25:32.691 \longrightarrow 00:25:34.609$ you can look at in the VA,

NOTE Confidence: 0.860559434705882

 $00:25:34.610 \longrightarrow 00:25:36.230$ but that you can't stop there.

NOTE Confidence: 0.860559434705882

 $00:25:36.230 \longrightarrow 00:25:37.796$ Actually there's a whole lot more

 $00:25:37.796 \longrightarrow 00:25:39.942$ that has to be done both in terms

NOTE Confidence: 0.860559434705882

 $00:25:39.942 \longrightarrow 00:25:41.508$ of looking at the richness of

NOTE Confidence: 0.860559434705882

 $00:25:41.566 \longrightarrow 00:25:43.306$ the pharmaco epidemiological data

NOTE Confidence: 0.860559434705882

 $00:25:43.306 \longrightarrow 00:25:45.046$ but also then mechanistically.

NOTE Confidence: 0.860559434705882

 $00:25:45.050 \longrightarrow 00:25:46.390$ So this is really nice.

NOTE Confidence: 0.860559434705882

 $00:25:46.390 \longrightarrow 00:25:48.253$ To be able to kind of take a really

NOTE Confidence: 0.860559434705882

 $00:25:48.253 \longrightarrow 00:25:49.999$ like 30,000 foot view and say what

NOTE Confidence: 0.860559434705882

 $00:25:49.999 \longrightarrow 00:25:52.132$ are all the things that now we need to

NOTE Confidence: 0.860559434705882

 $00{:}25{:}52.132 \dashrightarrow 00{:}25{:}54.438$ study based on what we found is what

NOTE Confidence: 0.860559434705882

 $00:25:54.438 \longrightarrow 00:25:57.280$ we didn't expect quite a paradox here.

NOTE Confidence: 0.860559434705882

 $00{:}25{:}57.280 \dashrightarrow 00{:}25{:}59.460$ So HTC is clinically complicated

NOTE Confidence: 0.860559434705882

 $00{:}25{:}59.460 \dashrightarrow 00{:}26{:}01.640$ because it's unique among cancers.

NOTE Confidence: 0.860559434705882

 $00:26:01.640 \longrightarrow 00:26:03.182$ And this is where I think

NOTE Confidence: 0.860559434705882

00:26:03.182 --> 00:26:04.236 oncologists sometimes say, oh,

NOTE Confidence: 0.860559434705882

00:26:04.236 --> 00:26:05.340 you know, you hepatologists,

NOTE Confidence: 0.860559434705882

 $00:26:05.340 \longrightarrow 00:26:06.396$ you always want to stand out,

 $00:26:06.400 \longrightarrow 00:26:07.216$ be unique, right.

NOTE Confidence: 0.860559434705882

00:26:07.216 --> 00:26:08.576 There's nothing unique about this,

NOTE Confidence: 0.860559434705882

 $00:26:08.580 \longrightarrow 00:26:10.780$ but it really is unique.

NOTE Confidence: 0.860559434705882

 $00:26:10.780 \longrightarrow 00:26:13.076$ So it's one patient with two diseases

NOTE Confidence: 0.860559434705882

 $00:26:13.076 \longrightarrow 00:26:14.791$ and cirrhosis leads to multifocal

NOTE Confidence: 0.860559434705882

 $00:26:14.791 \longrightarrow 00:26:16.795$ liver cancer because of the field

NOTE Confidence: 0.860559434705882

 $00:26:16.795 \longrightarrow 00:26:19.080$ effect and very high recurrence rates.

NOTE Confidence: 0.860559434705882

 $00{:}26{:}19.080 \dashrightarrow 00{:}26{:}20.885$ It also really has complicated

NOTE Confidence: 0.860559434705882

 $00{:}26{:}20.885 \to 00{:}26{:}23.040$ treatment and trial design and it

NOTE Confidence: 0.860559434705882

 $00:26:23.040 \longrightarrow 00:26:25.028$ is a a cancer that's something of

NOTE Confidence: 0.860559434705882

00:26:25.028 --> 00:26:26.753 an anathema to oncologist because

NOTE Confidence: 0.860559434705882

 $00:26:26.753 \longrightarrow 00:26:28.209$ you guys like tissue.

NOTE Confidence: 0.860559434705882

 $00{:}26{:}28.210 \dashrightarrow 00{:}26{:}30.426$ And we can diagnose this by imaging alone.

NOTE Confidence: 0.860559434705882

 $00{:}26{:}30.430 \dashrightarrow 00{:}26{:}31.970$ And actually that's where I

NOTE Confidence: 0.860559434705882

 $00:26:31.970 \longrightarrow 00:26:33.510$ think our field has misstepped.

 $00:26:33.510 \longrightarrow 00:26:35.388$ I think we actually put ourselves

NOTE Confidence: 0.860559434705882

 $00{:}26{:}35.388 \operatorname{{\text-->}} 00{:}26{:}36.981$ way behind without getting biopsies

NOTE Confidence: 0.860559434705882

 $00:26:36.981 \longrightarrow 00:26:38.109$ for so many years.

NOTE Confidence: 0.860559434705882

 $00:26:38.110 \longrightarrow 00:26:40.476$ It is the only solid organ malignancy

NOTE Confidence: 0.860559434705882

 $00:26:40.476 \longrightarrow 00:26:42.298$ for which transplantation offers a cure,

NOTE Confidence: 0.860559434705882

 $00:26:42.300 \longrightarrow 00:26:43.840$ which puts the onus on us to

NOTE Confidence: 0.860559434705882

 $00:26:43.840 \longrightarrow 00:26:45.562$ make sure that we're sending the

NOTE Confidence: 0.860559434705882

 $00:26:45.562 \longrightarrow 00:26:46.906$ right people for transplant.

NOTE Confidence: 0.860559434705882

00:26:46.910 --> 00:26:49.766 But surgeons love to push the envelope.

NOTE Confidence: 0.860559434705882

00:26:49.770 --> 00:26:51.814 They should push the envelope and we're

NOTE Confidence: 0.860559434705882

00:26:51.814 --> 00:26:53.630 really beginning to push the envelope,

NOTE Confidence: 0.860559434705882

 $00:26:53.630 \longrightarrow 00:26:56.038$ meaning that people who we thought had

NOTE Confidence: 0.860559434705882

 $00:26:56.038 \longrightarrow 00:26:58.200$ disease way outside bounds are having.

NOTE Confidence: 0.860559434705882

 $00:26:58.200 \longrightarrow 00:26:59.796$ Remarkable complete responses

NOTE Confidence: 0.860559434705882

00:26:59.796 --> 00:27:01.924 on immunotherapies and coming

NOTE Confidence: 0.860559434705882

 $00:27:01.924 \longrightarrow 00:27:03.520$ back to transplant,

 $00:27:03.520 \longrightarrow 00:27:07.120$ which is very weird and very

NOTE Confidence: 0.860559434705882

 $00:27:07.120 \longrightarrow 00:27:08.420$ frightening for many of us.

NOTE Confidence: 0.860559434705882

 $00:27:08.420 \longrightarrow 00:27:10.639$ But their early responses look really good.

NOTE Confidence: 0.860559434705882

 $00:27:10.640 \longrightarrow 00:27:12.179$ So I think we're going to see a lot

NOTE Confidence: 0.860559434705882

 $00{:}27{:}12.179 \dashrightarrow 00{:}27{:}13.722$ of stage migration with the newer

NOTE Confidence: 0.860559434705882

 $00{:}27{:}13.722 \dashrightarrow 00{:}27{:}15.819$ the rapies and we're going to have to be very,

NOTE Confidence: 0.860559434705882

 $00:27:15.820 \longrightarrow 00:27:18.660$ very careful in how we treat these people.

NOTE Confidence: 0.860559434705882

 $00{:}27{:}18.660 \dashrightarrow 00{:}27{:}20.756$ And I think the adage of just because

NOTE Confidence: 0.860559434705882

 $00{:}27{:}20.756 \dashrightarrow 00{:}27{:}23.024$ you can do it doesn't mean you should

NOTE Confidence: 0.860559434705882

 $00:27:23.024 \longrightarrow 00:27:25.392$ do it is something we have to take

NOTE Confidence: 0.860559434705882

 $00:27:25.392 \longrightarrow 00:27:27.174$ very seriously as as this landscape

NOTE Confidence: 0.860559434705882

00:27:27.180 --> 00:27:29.870 changes in terms of treatment.

NOTE Confidence: 0.860559434705882

 $00{:}27{:}29.870 \dashrightarrow 00{:}27{:}32.086$ So the treatment of HCC up until now

NOTE Confidence: 0.860559434705882

 $00:27:32.086 \longrightarrow 00:27:34.037$ has followed a very linear pathway

NOTE Confidence: 0.860559434705882

 $00:27:34.037 \longrightarrow 00:27:35.702$ from early to advanced disease.

 $00:27:35.710 \longrightarrow 00:27:36.991$ So hepatology surgery,

NOTE Confidence: 0.860559434705882

 $00:27:36.991 \longrightarrow 00:27:39.126$ both surgical oncology and transplant

NOTE Confidence: 0.860559434705882

 $00:27:39.126 \longrightarrow 00:27:41.539$ surgery and interventional radiology have

NOTE Confidence: 0.860559434705882

 $00:27:41.539 \longrightarrow 00:27:44.024$ really dominated early stage disease.

NOTE Confidence: 0.860559434705882

 $00:27:44.030 \longrightarrow 00:27:46.085$ And oncology is usually consulted

NOTE Confidence: 0.860559434705882

 $00:27:46.085 \longrightarrow 00:27:47.729$ only in diffuse infiltrative

NOTE Confidence: 0.860559434705882

 $00{:}27{:}47.729 \dashrightarrow 00{:}27{:}49.563$ intermediate stage disease or in

NOTE Confidence: 0.860559434705882

 $00:27:49.563 \longrightarrow 00:27:50.923$ advanced disease with vascular

NOTE Confidence: 0.860559434705882

 $00{:}27{:}50.923 \to 00{:}27{:}52.650$ invasion or extrahepatic Mets.

NOTE Confidence: 0.86528169

 $00:27:52.650 \longrightarrow 00:27:54.505$ And that's really unfortunate for

NOTE Confidence: 0.86528169

 $00{:}27{:}54.505 \dashrightarrow 00{:}27{:}55.989$ the oncologist because sometimes

NOTE Confidence: 0.86528169

 $00{:}27{:}55.989 \dashrightarrow 00{:}27{:}57.472$ they're really referred to you

NOTE Confidence: 0.86528169

 $00:27:57.472 \longrightarrow 00:27:59.062$ too late and they're too sick.

NOTE Confidence: 0.86528169

 $00:27:59.070 \longrightarrow 00:28:01.765$ The treatment and had you brought your

NOTE Confidence: 0.86528169

00:28:01.765 --> 00:28:04.178 expertise to the table earlier on,

NOTE Confidence: 0.86528169

00:28:04.180 --> 00:28:05.308 it probably would have

 $00:28:05.308 \longrightarrow 00:28:06.436$ actually been really good.

NOTE Confidence: 0.86528169

 $00:28:06.440 \longrightarrow 00:28:08.540$ So I think oncology now feels very

NOTE Confidence: 0.86528169

 $00:28:08.540 \longrightarrow 00:28:10.436$ much welcome at the table because

NOTE Confidence: 0.86528169

 $00:28:10.436 \longrightarrow 00:28:12.620$ we do have so many new treatments.

NOTE Confidence: 0.86528169

 $00:28:12.620 \longrightarrow 00:28:14.664$ But also the lack of that expertise

NOTE Confidence: 0.86528169

 $00:28:14.664 \longrightarrow 00:28:16.861$ for so long because we really

NOTE Confidence: 0.86528169

00:28:16.861 --> 00:28:18.956 didn't have good systemic therapies,

NOTE Confidence: 0.86528169

00:28:18.960 --> 00:28:21.140 I think really detracted from

NOTE Confidence: 0.86528169

00:28:21.140 --> 00:28:23.320 our development as a field.

NOTE Confidence: 0.86528169

 $00{:}28{:}23.320 \longrightarrow 00{:}28{:}25.231$ So the advent of new therapies is

NOTE Confidence: 0.86528169

 $00{:}28{:}25.231 \dashrightarrow 00{:}28{:}26.530$ definitely changing this paradigm,

NOTE Confidence: 0.86528169

 $00:28:26.530 \longrightarrow 00:28:29.155$ not only the timing of specialty involvement.

NOTE Confidence: 0.86528169

00:28:29.160 --> 00:28:31.267 But also the types of specialists involved,

NOTE Confidence: 0.86528169

 $00:28:31.270 \longrightarrow 00:28:32.000$ for example,

NOTE Confidence: 0.86528169

 $00:28:32.000 \longrightarrow 00:28:34.555$ SBRT now has a place in the

 $00:28:34.555 \longrightarrow 00:28:36.449$ arsenal for HCC management.

NOTE Confidence: 0.86528169

00:28:36.450 --> 00:28:39.026 So this is not for you to memorize,

NOTE Confidence: 0.86528169

 $00:28:39.030 \longrightarrow 00:28:41.802$ but the staging classification that we use

NOTE Confidence: 0.86528169

 $00{:}28{:}41.802 \dashrightarrow 00{:}28{:}44.640$ called the BCLC staging classification.

NOTE Confidence: 0.86528169

 $00:28:44.640 \longrightarrow 00:28:46.496$ And the things that I just want to

NOTE Confidence: 0.86528169

00:28:46.496 --> 00:28:48.336 draw your attention to is that really

NOTE Confidence: 0.86528169

 $00{:}28{:}48.336 \dashrightarrow 00{:}28{:}50.312$ we have to think about the patient

NOTE Confidence: 0.86528169

00:28:50.312 --> 00:28:51.817 and their functional status first

NOTE Confidence: 0.86528169

00:28:51.817 --> 00:28:53.722 in terms of their liver function.

NOTE Confidence: 0.86528169

 $00:28:53.722 \longrightarrow 00:28:56.060$ So this is really what drives our

NOTE Confidence: 0.86528169

 $00{:}28{:}56.128 {\:{\circ}{\circ}{\circ}}>00{:}28{:}57.588$ initial decision making before

NOTE Confidence: 0.86528169

 $00:28:57.588 \longrightarrow 00:28:59.778$ we even begin to count tumor.

NOTE Confidence: 0.86528169

 $00{:}28{:}59.780 \dashrightarrow 00{:}29{:}02.055$ Or think about tumor burden and then

NOTE Confidence: 0.86528169

00:29:02.055 --> 00:29:04.729 tumor burden is actually looked at across,

NOTE Confidence: 0.86528169

 $00:29:04.730 \longrightarrow 00:29:06.160$ you know very early, early,

NOTE Confidence: 0.86528169

 $00:29:06.160 \dashrightarrow 00:29:08.644$ intermediate and advanced stages.

 $00:29:08.644 \longrightarrow 00:29:11.344$ And then we have treatments

NOTE Confidence: 0.86528169

 $00:29:11.344 \longrightarrow 00:29:13.429$ ascribed to those different stages

NOTE Confidence: 0.86528169

 $00:29:13.429 \longrightarrow 00:29:15.320$ with a expected survival,

NOTE Confidence: 0.86528169

 $00:29:15.320 \longrightarrow 00:29:17.728$ which I have to say has gone up

NOTE Confidence: 0.86528169

 $00:29:17.728 \longrightarrow 00:29:19.527$ significantly in the last 10 years.

NOTE Confidence: 0.86528169

00:29:19.530 --> 00:29:20.102 You know,

NOTE Confidence: 0.86528169

 $00:29:20.102 \longrightarrow 00:29:22.390$ essentially it used to be 3 months for

NOTE Confidence: 0.86528169

 $00{:}29{:}22.459 \dashrightarrow 00{:}29{:}24.846$ advanced stage and now we're looking at,

NOTE Confidence: 0.86528169

00:29:24.850 --> 00:29:26.230 you know, over two years,

NOTE Confidence: 0.86528169

 $00:29:26.230 \longrightarrow 00:29:28.050$ over 2.5 years for taste.

NOTE Confidence: 0.86528169

 $00:29:28.050 \longrightarrow 00:29:28.834 \text{ I mean}$

NOTE Confidence: 0.86528169

 $00:29:28.834 \longrightarrow 00:29:30.794$ these are quite big differences

NOTE Confidence: 0.86528169

 $00:29:30.794 \longrightarrow 00:29:32.350$ than 10 years ago.

NOTE Confidence: 0.86528169

 $00:29:32.350 \longrightarrow 00:29:34.310$ What's new about this classification

NOTE Confidence: 0.86528169

 $00:29:34.310 \longrightarrow 00:29:36.570$ is everything below this blue bar,

 $00:29:36.570 \longrightarrow 00:29:38.490$ so essentially before I go

NOTE Confidence: 0.86528169

 $00:29:38.490 \longrightarrow 00:29:40.026$ below the blue bar.

NOTE Confidence: 0.86528169

00:29:40.030 --> 00:29:41.966 I just want to say that they've now

NOTE Confidence: 0.86528169

 $00:29:41.966 \longrightarrow 00:29:43.218$ separated out intermediate stage

NOTE Confidence: 0.86528169

 $00{:}29{:}43.218 \dashrightarrow 00{:}29{:}45.354$ disease because we know that diffuse

NOTE Confidence: 0.86528169

 $00{:}29{:}45.354 \dashrightarrow 00{:}29{:}47.160$ in filtrative HCC is a different actor,

NOTE Confidence: 0.86528169

00:29:47.160 --> 00:29:48.516 especially when it's by low bar,

NOTE Confidence: 0.86528169

00:29:48.520 --> 00:29:52.180 you really can't approach it locally.

NOTE Confidence: 0.86528169

 $00{:}29{:}52.180 \dashrightarrow 00{:}29{:}54.598$ But we've now put in successful

NOTE Confidence: 0.86528169

00:29:54.598 --> 00:29:56.706 downstaging again moving back towards

NOTE Confidence: 0.86528169

 $00:29:56.706 \longrightarrow 00:29:58.826$ a curative or transplant effort.

NOTE Confidence: 0.86528169

 $00:29:58.826 \longrightarrow 00:30:01.808$ And then the stage migration is a

NOTE Confidence: 0.86528169

00:30:01.808 --> 00:30:04.073 theme that's really being played

NOTE Confidence: 0.86528169

00:30:04.073 --> 00:30:06.340 out both by surgical oncologists

NOTE Confidence: 0.86528169

 $00:30:06.340 \longrightarrow 00:30:07.720$ and transplant surgeons.

NOTE Confidence: 0.86528169

 $00:30:07.720 \longrightarrow 00:30:10.200$ And then we have now up to three.

 $00:30:10.200 \longrightarrow 00:30:11.904$ Kinds of systemic therapy when we

NOTE Confidence: 0.86528169

 $00:30:11.904 \longrightarrow 00:30:13.830$ only had one line for 10 years.

NOTE Confidence: 0.86528169

 $00:30:13.830 \longrightarrow 00:30:15.546$ So in the last five years,

NOTE Confidence: 0.86528169

 $00:30:15.550 \longrightarrow 00:30:18.220$ we've seen a lot of change.

NOTE Confidence: 0.86528169

 $00:30:18.220 \longrightarrow 00:30:20.055$ And that's really why multidisciplinary

NOTE Confidence: 0.86528169

 $00:30:20.055 \longrightarrow 00:30:21.156$ care is essential.

NOTE Confidence: 0.86528169

 $00:30:21.160 \longrightarrow 00:30:23.624$ So we really have to define our endpoints.

NOTE Confidence: 0.86528169

 $00{:}30{:}23.630 \dashrightarrow 00{:}30{:}25.556$ So we want to improve survival.

NOTE Confidence: 0.86528169

00:30:25.560 --> 00:30:26.930 Everybody wants to improve survival,

NOTE Confidence: 0.86528169

 $00:30:26.930 \longrightarrow 00:30:28.628$ but survival is relative to the

NOTE Confidence: 0.86528169

 $00:30:28.628 \longrightarrow 00:30:29.194$ liver disease.

NOTE Confidence: 0.86528169

 $00:30:29.200 \dashrightarrow 00:30:31.006$ So you really don't want to offer

NOTE Confidence: 0.86528169

 $00{:}30{:}31.006 \dashrightarrow 00{:}30{:}32.804$ a treatment that's going to hasten

NOTE Confidence: 0.86528169

 $00:30:32.804 \longrightarrow 00:30:34.419$ somebody's death from liver failure.

NOTE Confidence: 0.86528169

 $00:30:34.420 \longrightarrow 00:30:35.480$ And that is a very,

 $00:30:35.480 \longrightarrow 00:30:36.765$ very tough decision that requires

NOTE Confidence: 0.86528169

 $00{:}30{:}36.765 \dashrightarrow 00{:}30{:}37.793$ a lot of thought.

NOTE Confidence: 0.86528169

 $00:30:37.800 \longrightarrow 00:30:39.368$ You really need to know your patients,

NOTE Confidence: 0.86528169

 $00{:}30{:}39.370 \dashrightarrow 00{:}30{:}40.666$ you need to know their markers,

NOTE Confidence: 0.86528169

 $00:30:40.670 \longrightarrow 00:30:42.476$ you need to know them well.

NOTE Confidence: 0.86528169

00:30:42.480 --> 00:30:44.330 Proper risk assessment and obviously

NOTE Confidence: 0.86528169

00:30:44.330 --> 00:30:46.180 proper patient selection is key

NOTE Confidence: 0.866733408461538

 $00:30:46.242 \longrightarrow 00:30:47.454$ to any surgeon. You know,

NOTE Confidence: 0.866733408461538

 $00{:}30{:}47.454 \dashrightarrow 00{:}30{:}48.636$ surgeon doesn't want to be surprised.

NOTE Confidence: 0.866733408461538

 $00:30:48.640 \longrightarrow 00:30:50.405$ There are. There are standards

NOTE Confidence: 0.866733408461538

 $00:30:50.405 \longrightarrow 00:30:53.090$ that have to be set and there's,

NOTE Confidence: 0.866733408461538

 $00:30:53.090 \longrightarrow 00:30:55.034$ as I've mentioned, a lot of Gray areas,

NOTE Confidence: 0.866733408461538

 $00:30:55.040 \longrightarrow 00:30:57.032$ but there's also a lot of

NOTE Confidence: 0.866733408461538

 $00:30:57.032 \longrightarrow 00:30:58.028$ variations among disciplines.

NOTE Confidence: 0.866733408461538

 $00:30:58.030 \longrightarrow 00:30:58.940$ For example,

NOTE Confidence: 0.866733408461538

00:30:58.940 --> 00:31:00.760 surgical oncologists approach surgery

 $00:31:00.760 \longrightarrow 00:31:03.130$ very differently than transplant surgeons.

NOTE Confidence: 0.866733408461538

00:31:03.130 --> 00:31:04.718 And there's variations among

NOTE Confidence: 0.866733408461538

 $00:31:04.718 \longrightarrow 00:31:05.909$ programs and regions.

NOTE Confidence: 0.866733408461538

 $00:31:05.910 \longrightarrow 00:31:07.385$ And especially when it comes

NOTE Confidence: 0.866733408461538

 $00:31:07.385 \longrightarrow 00:31:08.270$ to liver transplantation,

NOTE Confidence: 0.866733408461538

 $00:31:08.270 \longrightarrow 00:31:09.365$ there's significant variation.

NOTE Confidence: 0.866733408461538

 $00:31:09.365 \longrightarrow 00:31:12.795$ So our job as a group of people who

NOTE Confidence: 0.866733408461538

 $00{:}31{:}12.795 \dashrightarrow 00{:}31{:}15.623$ take care of these patients in a

NOTE Confidence: 0.866733408461538

 $00{:}31{:}15.623 \dashrightarrow 00{:}31{:}17.755$ multidisciplinary way is to identify

NOTE Confidence: 0.866733408461538

 $00:31:17.755 \longrightarrow 00:31:19.820$ the optimal candidates for treatment.

NOTE Confidence: 0.866733408461538

 $00:31:19.820 \longrightarrow 00:31:21.900$ Identify contraindications and then

NOTE Confidence: 0.866733408461538

 $00:31:21.900 \longrightarrow 00:31:24.500$ consider them across the continuum,

NOTE Confidence: 0.866733408461538

 $00{:}31{:}24.500 \dashrightarrow 00{:}31{:}25.716$ we avering patients back to

NOTE Confidence: 0.866733408461538

 $00:31:25.716 \longrightarrow 00:31:27.236$ tumor board all the time.

NOTE Confidence: 0.866733408461538

 $00:31:27.240 \longrightarrow 00:31:29.774$ And I would argue that every single

00:31:29.774 --> 00:31:31.567 recurrence and every single new

NOTE Confidence: 0.866733408461538

00:31:31.567 --> 00:31:33.786 tumor has to be brought to tumor

NOTE Confidence: 0.866733408461538

 $00:31:33.786 \longrightarrow 00:31:35.917$ board because you will forget that

NOTE Confidence: 0.866733408461538

00:31:35.917 --> 00:31:37.995 patient and you will miss their

NOTE Confidence: 0.866733408461538

 $00:31:37.995 \longrightarrow 00:31:39.295$ opportunity for something that

NOTE Confidence: 0.866733408461538

00:31:39.295 --> 00:31:40.920 could really prolong your life.

NOTE Confidence: 0.866733408461538

 $00:31:40.920 \longrightarrow 00:31:43.002$ So tumor board for liver cancer

NOTE Confidence: 0.866733408461538

 $00:31:43.002 \longrightarrow 00:31:45.120$ I think is absolutely necessary.

NOTE Confidence: 0.866733408461538

 $00:31:45.120 \longrightarrow 00:31:47.160$ You can't take care of these patients alone.

NOTE Confidence: 0.866733408461538

 $00{:}31{:}47.160 \dashrightarrow 00{:}31{:}49.272$ You don't want the onus of all that

NOTE Confidence: 0.866733408461538

 $00{:}31{:}49.272 \dashrightarrow 00{:}31{:}50.998$ decision making falling on one person.

NOTE Confidence: 0.866733408461538

 $00:31:51.000 \longrightarrow 00:31:53.821$ And this graphic is from a paper

NOTE Confidence: 0.866733408461538

 $00{:}31{:}53.821 \dashrightarrow 00{:}31{:}56.975$ written by Doctor Jaffe here at Yale

NOTE Confidence: 0.866733408461538

 $00:31:56.975 \longrightarrow 00:31:59.885$ really kind of describing this playbook.

NOTE Confidence: 0.866733408461538 00:31:59.890 --> 00:32:00.584 You know, NOTE Confidence: 0.866733408461538

 $00:32:00.584 \dashrightarrow 00:32:02.319$ essentially the hepatologist is quarter back.

 $00:32:02.320 \longrightarrow 00:32:03.862$ Usually these folks come through us

NOTE Confidence: 0.866733408461538

 $00:32:03.862 \longrightarrow 00:32:05.919$ and then we bring them to tumor board.

NOTE Confidence: 0.866733408461538

 $00:32:05.920 \longrightarrow 00:32:07.306$ But there are a lot of different

NOTE Confidence: 0.866733408461538

 $00:32:07.306 \longrightarrow 00:32:08.481$ referral lines and we've seen

NOTE Confidence: 0.866733408461538

00:32:08.481 --> 00:32:09.565 people coming through oncology,

NOTE Confidence: 0.866733408461538

 $00:32:09.570 \longrightarrow 00:32:11.022$ coming through interventional radiology.

NOTE Confidence: 0.866733408461538

 $00:32:11.022 \longrightarrow 00:32:13.200$ The most important thing is that

NOTE Confidence: 0.866733408461538

 $00{:}32{:}13.258 \dashrightarrow 00{:}32{:}14.902$ you discuss that patient before you

NOTE Confidence: 0.866733408461538

 $00:32:14.902 \dashrightarrow 00:32:16.856$ treat them and that really should be

NOTE Confidence: 0.866733408461538

 $00:32:16.856 \longrightarrow 00:32:18.470$ the norm because there are always

NOTE Confidence: 0.866733408461538

00:32:18.470 --> 00:32:20.426 new ideas and if you don't discuss,

NOTE Confidence: 0.866733408461538 00:32:20.430 --> 00:32:21.016 you won't.

NOTE Confidence: 0.866733408461538

00:32:21.016 --> 00:32:22.880 You won't think about, you know,

NOTE Confidence: 0.866733408461538

00:32:22.880 --> 00:32:25.438 what could be a potential, you know,

NOTE Confidence: 0.866733408461538

 $00:32:25.438 \longrightarrow 00:32:26.266$ better therapy.

 $00:32:26.266 \longrightarrow 00:32:28.336$ Remember that tumor boards actually

NOTE Confidence: 0.866733408461538

 $00{:}32{:}28.336 --> 00{:}32{:}29.929$ serve a lot of purposes.

NOTE Confidence: 0.866733408461538

 $00:32:29.930 \longrightarrow 00:32:30.944$ They are accredited.

NOTE Confidence: 0.866733408461538

 $00:32:30.944 \longrightarrow 00:32:32.972$ They have to have mandatory attendance

NOTE Confidence: 0.866733408461538

 $00:32:32.972 \longrightarrow 00:32:34.429$ from certain disciplines.

NOTE Confidence: 0.866733408461538

 $00:32:34.430 \longrightarrow 00:32:36.194$ They have a liaison to the tumor

NOTE Confidence: 0.866733408461538

00:32:36.194 --> 00:32:37.822 registrar so they can actually pick

NOTE Confidence: 0.866733408461538

 $00:32:37.822 \longrightarrow 00:32:39.466$ up cases and report them early.

NOTE Confidence: 0.866733408461538

 $00{:}32{:}39.470 \dashrightarrow 00{:}32{:}40.794$ They provide an objective

NOTE Confidence: 0.866733408461538

 $00:32:40.794 \longrightarrow 00:32:42.449$ forum for discussion and that

NOTE Confidence: 0.866733408461538

 $00:32:42.449 \longrightarrow 00:32:44.048$ they really should be that,

NOTE Confidence: 0.866733408461538

 $00:32:44.050 \longrightarrow 00:32:45.414$ an objective form for

NOTE Confidence: 0.866733408461538

 $00:32:45.414 \longrightarrow 00:32:46.437$ discussion where everybody,

NOTE Confidence: 0.866733408461538

 $00:32:46.440 \longrightarrow 00:32:47.544$ everybody's opinion matters.

NOTE Confidence: 0.866733408461538

 $00:32:47.544 \longrightarrow 00:32:49.016$ They should foster trial

NOTE Confidence: 0.866733408461538

 $00:32:49.016 \longrightarrow 00:32:50.330$ enrollment and they do.

 $00:32:50.330 \longrightarrow 00:32:51.800$ There are many studies that have

NOTE Confidence: 0.866733408461538

 $00:32:51.800 \longrightarrow 00:32:54.048$ shown that and they really help to set

NOTE Confidence: 0.866733408461538

00:32:54.048 --> 00:32:55.568 institutional guidelines in Gray areas,

NOTE Confidence: 0.866733408461538

 $00:32:55.570 \longrightarrow 00:32:56.960$ of which we have many.

NOTE Confidence: 0.866733408461538

 $00:32:56.960 \longrightarrow 00:32:58.024$ They're also a really

NOTE Confidence: 0.866733408461538

00:32:58.024 --> 00:32:59.088 important thing for trainees.

NOTE Confidence: 0.866733408461538

 $00:32:59.090 \longrightarrow 00:33:01.090$ So the one thing I loved most as a Med

NOTE Confidence: 0.866733408461538

00:33:01.151 --> 00:33:03.366 student was multidisciplinary team reward.

NOTE Confidence: 0.866733408461538

 $00:33:03.370 \longrightarrow 00:33:05.190$ So it's no, you know,

NOTE Confidence: 0.866733408461538

 $00:33:05.190 \longrightarrow 00:33:07.000$ strange thing that I ended

NOTE Confidence: 0.866733408461538

 $00:33:07.000 \longrightarrow 00:33:08.448$ up running tumor boards.

NOTE Confidence: 0.866733408461538

 $00:33:08.450 \longrightarrow 00:33:12.104$ So our tumor boards in the VA are regional.

NOTE Confidence: 0.866733408461538

 $00{:}33{:}12.110 \dashrightarrow 00{:}33{:}14.526$ So I run a big Southern New England

NOTE Confidence: 0.866733408461538

 $00:33:14.526 \longrightarrow 00:33:16.161$ regional tumor board that takes

NOTE Confidence: 0.866733408461538

00:33:16.161 --> 00:33:18.226 care of Vermont and Providence,

00:33:18.226 --> 00:33:20.372 also Rhode Island, Vermont,

NOTE Confidence: 0.866733408461538

 $00{:}33{:}20.372 --> 00{:}33{:}20.874 \ {\rm Massachusetts},$

NOTE Confidence: 0.866733408461538 00:33:20.874 --> 00:33:21.376 Connecticut. NOTE Confidence: 0.866733408461538

 $00:33:21.376 \longrightarrow 00:33:24.890$ This is actually a study of about

NOTE Confidence: 0.866733408461538

 $00:33:24.962 \longrightarrow 00:33:26.967 4000$ patients across the VA.

NOTE Confidence: 0.866733408461538

 $00:33:26.970 \longrightarrow 00:33:29.364$ And what we found in this study

NOTE Confidence: 0.866733408461538

 $00:33:29.364 \longrightarrow 00:33:31.361$ was that seeing a hepatologist

NOTE Confidence: 0.866733408461538

 $00{:}33{:}31.361 \dashrightarrow 00{:}33{:}33.145$ actually was associated with

NOTE Confidence: 0.866733408461538

 $00:33:33.145 \longrightarrow 00:33:34.736$ a 30% mortality reduction,

NOTE Confidence: 0.866733408461538

00:33:34.736 --> 00:33:36.128 but it wasn't associated

NOTE Confidence: 0.866733408461538

 $00{:}33{:}36.128 \dashrightarrow 00{:}33{:}37.520$ with higher odds of

NOTE Confidence: 0.909572723076923

 $00:33:37.579 \longrightarrow 00:33:38.920$ receiving active therapy.

NOTE Confidence: 0.909572723076923

 $00:33:38.920 \longrightarrow 00:33:39.740$ So what does that mean?

NOTE Confidence: 0.909572723076923

 $00:33:39.740 \longrightarrow 00:33:41.645$ That means we're actually carefully

NOTE Confidence: 0.909572723076923

00:33:41.645 --> 00:33:43.914 deciding who can get therapy and

NOTE Confidence: 0.909572723076923

 $00{:}33{:}43.914 \dashrightarrow 00{:}33{:}45.732$ who should not get the rapy because

 $00:33:45.732 \longrightarrow 00:33:47.815$ we know that palliative care in

NOTE Confidence: 0.909572723076923

 $00:33:47.815 \longrightarrow 00:33:50.029$ hepatology can prolong life in liver

NOTE Confidence: 0.909572723076923

 $00{:}33{:}50.029 \dashrightarrow 00{:}33{:}51.996$ cancer and in in stage liver disease.

NOTE Confidence: 0.909572723076923

00:33:52.000 --> 00:33:54.191 It's knowing who's the right person for

NOTE Confidence: 0.909572723076923

 $00:33:54.191 \longrightarrow 00:33:55.767$ that palliative therapy versus who's

NOTE Confidence: 0.909572723076923

 $00:33:55.767 \longrightarrow 00:33:57.519$ the right person to get treatment.

NOTE Confidence: 0.909572723076923

 $00:33:57.520 \longrightarrow 00:33:59.476$ And very encouragingly to me because

NOTE Confidence: 0.909572723076923

00:33:59.476 --> 00:34:01.686 you know tumor board is a labor

NOTE Confidence: 0.909572723076923

00:34:01.686 --> 00:34:03.366 of love and very labor intensive,

NOTE Confidence: 0.909572723076923

 $00{:}34{:}03.370 \dashrightarrow 00{:}34{:}05.462$ multidisciplinary tumor boards also

NOTE Confidence: 0.909572723076923

 $00:34:05.462 \longrightarrow 00:34:08.077$ were associated with lower mortality.

NOTE Confidence: 0.909572723076923

 $00:34:08.080 \longrightarrow 00:34:11.506$ So this study was very heartening.

NOTE Confidence: 0.909572723076923

 $00{:}34{:}11.510 \dashrightarrow 00{:}34{:}13.421$ So we have many options for local

NOTE Confidence: 0.909572723076923

 $00{:}34{:}13.421 \dashrightarrow 00{:}34{:}15.044$ regional therapy and early and

NOTE Confidence: 0.909572723076923

 $00:34:15.044 \longrightarrow 00:34:16.520$ intermediate stage disease, Umm.

 $00:34:16.520 \longrightarrow 00:34:19.320$ So this is the part of the BCLC

NOTE Confidence: 0.909572723076923

 $00{:}34{:}19.320 \dashrightarrow 00{:}34{:}21.043$ classification from very early

NOTE Confidence: 0.909572723076923

 $00:34:21.043 \longrightarrow 00:34:22.345$ to intermediate stage.

NOTE Confidence: 0.909572723076923

 $00:34:22.350 \longrightarrow 00:34:24.625$ And we have liver resection and liver

NOTE Confidence: 0.909572723076923

 $00:34:24.625 \longrightarrow 00:34:26.669$ transplantation not for the faint of heart.

NOTE Confidence: 0.909572723076923

00:34:26.670 --> 00:34:28.329 You need to have really good liver

NOTE Confidence: 0.909572723076923

 $00:34:28.329 \longrightarrow 00:34:29.870$ function for a liver resection.

NOTE Confidence: 0.909572723076923

 $00{:}34{:}29.870 \dashrightarrow 00{:}34{:}31.274$ Liver transplantation is wonderful

NOTE Confidence: 0.909572723076923

00:34:31.274 --> 00:34:33.029 because it cures the underlying

NOTE Confidence: 0.909572723076923

 $00:34:33.029 \longrightarrow 00:34:34.397$ cirrhosis and the liver cancer,

NOTE Confidence: 0.909572723076923

 $00{:}34{:}34.400 \dashrightarrow 00{:}34{:}36.157$ but it's not for everyone and there

NOTE Confidence: 0.909572723076923

00:34:36.157 --> 00:34:37.849 are very strict criteria for who

NOTE Confidence: 0.909572723076923

 $00:34:37.849 \longrightarrow 00:34:39.324$ can and can't get transplanted.

NOTE Confidence: 0.909572723076923

 $00:34:39.330 \longrightarrow 00:34:41.234$ Local regional therapies abound.

NOTE Confidence: 0.909572723076923

00:34:41.234 --> 00:34:44.940 And ablation now can be given thermally,

NOTE Confidence: 0.909572723076923

 $00:34:44.940 \longrightarrow 00:34:49.076$ can be given chemically and also with SBRT.

 $00:34:49.080 \longrightarrow 00:34:51.042$ So there's emerging data to suggest

NOTE Confidence: 0.909572723076923

 $00:34:51.042 \longrightarrow 00:34:53.571$ that SBRT and small lesions does have

NOTE Confidence: 0.909572723076923

 $00:34:53.571 \longrightarrow 00:34:55.859$ ablative and curative properties

NOTE Confidence: 0.909572723076923

00:34:55.859 --> 00:34:57.758 for palliative intent.

NOTE Confidence: 0.909572723076923

00:34:57.760 --> 00:34:59.596 So this is moving more towards

NOTE Confidence: 0.909572723076923

 $00:34:59.596 \longrightarrow 00:35:00.820$ intermediate stage B disease.

NOTE Confidence: 0.909572723076923

 $00:35:00.820 \longrightarrow 00:35:03.628$ There are transarterial therapies,

NOTE Confidence: 0.909572723076923

 $00{:}35{:}03.628 {\:{\mbox{--}}\!>}\ 00{:}35{:}06.436$ chemoembolization and eitrem or

NOTE Confidence: 0.909572723076923

 $00:35:06.440 \longrightarrow 00:35:09.740$ why 90 treatment and then SBRT.

NOTE Confidence: 0.909572723076923

 $00:35:09.740 \longrightarrow 00:35:12.057$ So these therapies are supposed to prolong.

NOTE Confidence: 0.909572723076923

 $00:35:12.060 \longrightarrow 00:35:13.730$ By about 2 1/2 years,

NOTE Confidence: 0.909572723076923

 $00:35:13.730 \dashrightarrow 00:35:15.200$ which is pretty considerable and

NOTE Confidence: 0.909572723076923

 $00{:}35{:}15.200 \to 00{:}35{:}16.670$ people have pretty good quality

NOTE Confidence: 0.909572723076923

 $00:35:16.717 \longrightarrow 00:35:18.047$ of life with these therapies.

NOTE Confidence: 0.909572723076923

 $00:35:18.050 \longrightarrow 00:35:20.122$ The one thing is that these transarterial

 $00:35:20.122 \longrightarrow 00:35:22.126$ therapies do take out a penumbra of

NOTE Confidence: 0.909572723076923

 $00{:}35{:}22.126 \dashrightarrow 00{:}35{:}23.722$ functioning liver and so you really

NOTE Confidence: 0.909572723076923

 $00:35:23.772 \longrightarrow 00:35:25.830$ have to think about their liver function.

NOTE Confidence: 0.909572723076923

 $00:35:25.830 \longrightarrow 00:35:26.589$ Same with ablation,

NOTE Confidence: 0.909572723076923 00:35:26.589 --> 00:35:27.348 but less so.

NOTE Confidence: 0.909572723076923

00:35:27.350 --> 00:35:30.680 Ablation is usually pretty targeted.

NOTE Confidence: 0.909572723076923

 $00:35:30.680 \longrightarrow 00:35:32.822$ So this actually is data that's

NOTE Confidence: 0.909572723076923

 $00:35:32.822 \longrightarrow 00:35:35.287$ going to be published as part of

NOTE Confidence: 0.909572723076923

 $00{:}35{:}35.287 \dashrightarrow 00{:}35{:}37.219$ the ASLD guide guidance for HCC.

NOTE Confidence: 0.909572723076923

 $00:35:37.220 \longrightarrow 00:35:38.980$ And what I can tell you is that

NOTE Confidence: 0.909572723076923

 $00{:}35{:}38.980 \dashrightarrow 00{:}35{:}41.039$ in in considering this guidance,

NOTE Confidence: 0.909572723076923

 $00:35:41.040 \longrightarrow 00:35:43.970$ the way that we interpret CT's and

NOTE Confidence: 0.909572723076923

 $00{:}35{:}43.970 \dashrightarrow 00{:}35{:}46.524$ MRI's in patients with cirrhosis is

NOTE Confidence: 0.909572723076923

 $00:35:46.524 \longrightarrow 00:35:48.348$ very standard because the reason that

NOTE Confidence: 0.909572723076923

 $00:35:48.348 \longrightarrow 00:35:50.327$ we can make this diagnosis without

NOTE Confidence: 0.909572723076923

 $00:35:50.327 \longrightarrow 00:35:52.665$ a biopsy is that these tumors look

 $00:35:52.724 \longrightarrow 00:35:54.540$ very characteristic on imaging.

NOTE Confidence: 0.909572723076923

 $00:35:54.540 \longrightarrow 00:35:56.255$ And this has guided our field for

NOTE Confidence: 0.909572723076923

 $00:35:56.255 \longrightarrow 00:35:58.748$ a long time and for a long time we

NOTE Confidence: 0.909572723076923

 $00:35:58.748 \longrightarrow 00:36:00.760$ actually argued against doing biopsy because.

NOTE Confidence: 0.909572723076923

 $00:36:00.760 \longrightarrow 00:36:02.530$ They feared tumor seeding especially

NOTE Confidence: 0.909572723076923

 $00:36:02.530 \longrightarrow 00:36:03.946$ in the transplant patient.

NOTE Confidence: 0.909572723076923

 $00:36:03.950 \longrightarrow 00:36:05.906$ But really tumor seeding is very,

NOTE Confidence: 0.909572723076923

 $00:36:05.910 \longrightarrow 00:36:07.860$ very rare and nowadays we have

NOTE Confidence: 0.909572723076923

 $00:36:07.860 \longrightarrow 00:36:09.740$ better technology and the way we

NOTE Confidence: 0.909572723076923

 $00:36:09.740 \longrightarrow 00:36:11.025$ do biopsies and so it's,

NOTE Confidence: 0.909572723076923

 $00:36:11.030 \longrightarrow 00:36:13.088$ it's quite rare and good hands.

NOTE Confidence: 0.909572723076923

 $00:36:13.090 \dashrightarrow 00:36:15.466$ And So what we've tried to do is explain

NOTE Confidence: 0.909572723076923

 $00:36:15.466 \longrightarrow 00:36:18.016$ that biopsy actually may be very important,

NOTE Confidence: 0.909572723076923

 $00:36:18.020 \dashrightarrow 00:36:19.855$ especially when you're not entirely

NOTE Confidence: 0.909572723076923

 $00:36:19.855 \longrightarrow 00:36:22.011$ certain because some therapies can be

 $00:36:22.011 \longrightarrow 00:36:23.845$ offered and you may lose your window.

NOTE Confidence: 0.909572723076923

 $00{:}36{:}23.850 \dashrightarrow 00{:}36{:}25.850$ So now we actually recommend

NOTE Confidence: 0.909572723076923

00:36:25.850 --> 00:36:28.500 biopsy and lyrids 4, probable HCC,

NOTE Confidence: 0.909572723076923

 $00:36:28.500 \longrightarrow 00:36:31.125$ lyrids 5, you certainly can.

NOTE Confidence: 0.909572723076923

 $00:36:31.130 \longrightarrow 00:36:32.186$ Biopsy when they're deaf,

NOTE Confidence: 0.909572723076923 00:36:32.186 --> 00:36:32.450 quote, NOTE Confidence: 0.909572723076923

 $00{:}36{:}32.450 --> 00{:}36{:}33.242 \ \mathrm{UN} \ \mathrm{quote},$

NOTE Confidence: 0.909572723076923

 $00:36:33.242 \longrightarrow 00:36:34.826$ definitely HTC and lyrids

NOTE Confidence: 0.909572723076923

00:36:34.826 --> 00:36:36.410 malignancy means you can't

NOTE Confidence: 0.7430685903125

 $00:36:36.475 \longrightarrow 00:36:38.515$ really determine if it's an HTC.

NOTE Confidence: 0.7430685903125

 $00{:}36{:}38.520 \dashrightarrow 00{:}36{:}40.774$ So biopsy was always the norm there.

NOTE Confidence: 0.7430685903125

 $00{:}36{:}40.780 \dashrightarrow 00{:}36{:}43.036$ And then if you have tumor in vain,

NOTE Confidence: 0.7430685903125

 $00:36:43.040 \longrightarrow 00:36:46.019$ you may be able to biopsy to do Umm,

NOTE Confidence: 0.7430685903125

 $00:36:46.020 \longrightarrow 00:36:47.016$ you know, testing,

NOTE Confidence: 0.7430685903125

 $00:36:47.016 \longrightarrow 00:36:48.460$ for example, a tumor profiling.

NOTE Confidence: 0.7430685903125

 $00:36:48.460 \longrightarrow 00:36:51.009$ So I think we'd like to see more and

 $00:36:51.009 \longrightarrow 00:36:53.347$ more biopsies being done and being done

NOTE Confidence: 0.7430685903125

 $00:36:53.347 \longrightarrow 00:36:55.378$ rationally across the continuum of care,

NOTE Confidence: 0.7430685903125

00:36:55.380 --> 00:36:57.772 but this guidance is at least an opening

NOTE Confidence: 0.7430685903125

 $00:36:57.772 \longrightarrow 00:37:00.464$ to try to get people to think about it.

NOTE Confidence: 0.7430685903125

 $00:37:00.470 \longrightarrow 00:37:02.724$ So now the choice of systemic therapies,

NOTE Confidence: 0.7430685903125

 $00:37:02.730 \longrightarrow 00:37:04.914$ these are people who have either

NOTE Confidence: 0.7430685903125

 $00:37:04.914 \longrightarrow 00:37:06.006$ that diffuse infiltrative,

NOTE Confidence: 0.7430685903125

 $00:37:06.010 \longrightarrow 00:37:07.990$ extensive by lobar liver involvement,

NOTE Confidence: 0.7430685903125

 $00:37:07.990 \longrightarrow 00:37:08.966$ they're called.

NOTE Confidence: 0.7430685903125

 $00:37:08.966 \longrightarrow 00:37:10.918$ Intermediate stage or advanced

NOTE Confidence: 0.7430685903125

 $00:37:10.918 \longrightarrow 00:37:13.672$ stage when they have tumor that

NOTE Confidence: 0.7430685903125

 $00:37:13.672 \longrightarrow 00:37:16.078$ goes outside the liver or tumor

NOTE Confidence: 0.7430685903125

 $00:37:16.078 \longrightarrow 00:37:18.886$ that's in the lymph nodes or veins.

NOTE Confidence: 0.7430685903125

 $00:37:18.890 \dashrightarrow 00:37:21.734$ So we have a lot of new therapies and

NOTE Confidence: 0.7430685903125

 $00:37:21.734 \longrightarrow 00:37:24.684$ here you can see trials that have been,

 $00:37:24.690 \longrightarrow 00:37:26.370$ these are FDA approved drugs,

NOTE Confidence: 0.7430685903125

00:37:26.370 --> 00:37:27.684 their superiority trials,

NOTE Confidence: 0.7430685903125

 $00:37:27.684 \longrightarrow 00:37:30.750$ non inferiority trials in phase two trials.

NOTE Confidence: 0.7430685903125

 $00:37:30.750 \longrightarrow 00:37:32.542$ I'm not going to go into this

NOTE Confidence: 0.7430685903125

 $00:37:32.542 \longrightarrow 00:37:34.155$ because I think this audience

NOTE Confidence: 0.7430685903125

 $00:37:34.155 \longrightarrow 00:37:36.110$ understands how these agents work,

NOTE Confidence: 0.7430685903125

 $00:37:36.110 \longrightarrow 00:37:39.450$ but what I can tell you is that we have.

NOTE Confidence: 0.7430685903125

 $00:37:39.450 \longrightarrow 00:37:41.490$ Had an onslaught of agents and

NOTE Confidence: 0.7430685903125

 $00{:}37{:}41.490 \dashrightarrow 00{:}37{:}44.086$ really a very short period of time.

NOTE Confidence: 0.7430685903125

 $00:37:44.090 \longrightarrow 00:37:45.998$ So just like we used to get dizzy when

NOTE Confidence: 0.7430685903125

 $00{:}37{:}45.998 \dashrightarrow 00{:}37{:}47.916$ we had all the new hep C the rapies.

NOTE Confidence: 0.7430685903125

 $00:37:47.920 \longrightarrow 00:37:49.223$ And I used to say to myself, oh,

NOTE Confidence: 0.7430685903125

 $00:37:49.223 \longrightarrow 00:37:51.274$ thank God, I'm not a virologist now.

NOTE Confidence: 0.7430685903125

 $00:37:51.280 \longrightarrow 00:37:52.918$ I'm like, oh gosh, thank God,

NOTE Confidence: 0.7430685903125

00:37:52.920 --> 00:37:53.732 I'm not an oncologist,

NOTE Confidence: 0.7430685903125

00:37:53.732 --> 00:37:54.747 but it's really not true.

 $00:37:54.750 \longrightarrow 00:37:56.110$ I think we actually,

NOTE Confidence: 0.7430685903125

00:37:56.110 --> 00:37:57.470 we actually understand these

NOTE Confidence: 0.7430685903125

 $00:37:57.470 \longrightarrow 00:37:58.490$ agents very well.

NOTE Confidence: 0.7430685903125

 $00:37:58.490 \longrightarrow 00:38:00.730$ And I think those of us who do

NOTE Confidence: 0.7430685903125

00:38:00.730 --> 00:38:02.369 immune therapies like for example,

NOTE Confidence: 0.7430685903125

00:38:02.370 --> 00:38:05.090 inflammatory bowel disease or transplant,

NOTE Confidence: 0.7430685903125

00:38:05.090 --> 00:38:07.025 we're actually pretty savvy with

NOTE Confidence: 0.7430685903125

 $00:38:07.025 \longrightarrow 00:38:08.708$ using immune therapies, so.

NOTE Confidence: 0.7430685903125

00:38:08.708 --> 00:38:10.780 We understand this language,

NOTE Confidence: 0.7430685903125

 $00{:}38{:}10.780 \dashrightarrow 00{:}38{:}12.125$ we understand the side effect

NOTE Confidence: 0.7430685903125

00:38:12.125 --> 00:38:13.759 profiles and we're very happy that

NOTE Confidence: 0.7430685903125

 $00{:}38{:}13.759 \dashrightarrow 00{:}38{:}15.397$ there are a lot of different agents.

NOTE Confidence: 0.7430685903125

 $00{:}38{:}15.400 \dashrightarrow 00{:}38{:}17.444$ I think the question is, you know,

NOTE Confidence: 0.7430685903125

 $00:38:17.444 \longrightarrow 00:38:19.418$ where and when do we use these

NOTE Confidence: 0.7430685903125

 $00:38:19.418 \longrightarrow 00:38:20.480$ agents and in whom,

 $00:38:20.480 \longrightarrow 00:38:22.466$ and we're not really sure yet.

NOTE Confidence: 0.7430685903125

 $00:38:22.470 \longrightarrow 00:38:24.647$ So you can see that just in

NOTE Confidence: 0.7430685903125

 $00:38:24.647 \longrightarrow 00:38:26.008$ the last five years,

NOTE Confidence: 0.7430685903125

 $00:38:26.008 \longrightarrow 00:38:27.853$ we've had eight new sort

NOTE Confidence: 0.7430685903125

 $00:38:27.853 \longrightarrow 00:38:29.729$ of regimens come to market.

NOTE Confidence: 0.7430685903125

 $00{:}38{:}29.730 \dashrightarrow 00{:}38{:}31.458$ What I do want to show on this

NOTE Confidence: 0.7430685903125

 $00:38:31.458 \longrightarrow 00:38:33.290$ slide is that in the sharp trial,

NOTE Confidence: 0.7430685903125

 $00:38:33.290 \longrightarrow 00:38:36.632$ the overall survival in that population

NOTE Confidence: 0.7430685903125

 $00{:}38{:}36.632 \mathrel{--}{>} 00{:}38{:}40.663$ in the place bo arm was 7.9 months and

NOTE Confidence: 0.7430685903125

00:38:40.663 --> 00:38:43.366 the sorafenib arm was 10.7 months.

NOTE Confidence: 0.7430685903125

 $00{:}38{:}43.366 \dashrightarrow 00{:}38{:}45.406$ So that's median overall survival.

NOTE Confidence: 0.7430685903125

 $00:38:45.410 \longrightarrow 00:38:48.012$ And flash forward now to 2022

NOTE Confidence: 0.7430685903125

 $00:38:48.012 \longrightarrow 00:38:50.748$ and you can see that for all the

NOTE Confidence: 0.7430685903125

 $00:38:50.748 \longrightarrow 00:38:52.490$ verses sorafenib trials.

NOTE Confidence: 0.7430685903125

 $00:38:52.490 \longrightarrow 00:38:54.530$ The survival is actually quite a bit longer.

NOTE Confidence: 0.7430685903125

 $00:38:54.530 \longrightarrow 00:38:55.940$ We're looking at about anywhere

 $00:38:55.940 \longrightarrow 00:38:57.350$ from 12 to 14 months.

NOTE Confidence: 0.7430685903125

 $00:38:57.350 \longrightarrow 00:38:59.210$ So we've definitely moved the

NOTE Confidence: 0.7430685903125

 $00:38:59.210 \longrightarrow 00:39:01.070$ needle on probably patient selection

NOTE Confidence: 0.7430685903125

 $00:39:01.132 \longrightarrow 00:39:02.597$ and other things you know,

NOTE Confidence: 0.7430685903125

 $00:39:02.600 \longrightarrow 00:39:04.945$ getting used to using these drugs etcetera.

NOTE Confidence: 0.7430685903125

 $00:39:04.950 \longrightarrow 00:39:08.086$ So I think what you've seen is actually.

NOTE Confidence: 0.7430685903125

00:39:08.090 --> 00:39:09.506 The field and the Natural History

NOTE Confidence: 0.7430685903125

 $00:39:09.506 \longrightarrow 00:39:11.405$ of the field moving as well and you

NOTE Confidence: 0.7430685903125

 $00{:}39{:}11.405 \dashrightarrow 00{:}39{:}12.767$ can't really take that for granted.

NOTE Confidence: 0.7430685903125

 $00{:}39{:}12.770 \dashrightarrow 00{:}39{:}13.880$ I think it's an important thing

NOTE Confidence: 0.7430685903125

 $00:39{:}13.880 \dashrightarrow 00{:}39{:}15.040$ that people don't talk about much,

NOTE Confidence: 0.7430685903125

 $00:39:15.040 \dashrightarrow 00:39:17.230$ but getting used to using TI's in

NOTE Confidence: 0.7430685903125

 $00{:}39{:}17.230 \dashrightarrow 00{:}39{:}19.005$ patients with liver disease was

NOTE Confidence: 0.7430685903125

00:39:19.005 --> 00:39:20.240 pretty difficult. All right.

NOTE Confidence: 0.7430685903125

 $00:39:20.240 \longrightarrow 00:39:21.540$ So here's our current paradigm.

 $00:39:21.540 \longrightarrow 00:39:23.560$ It's based on clinical characteristics.

NOTE Confidence: 0.931611456

 $00:39:23.560 \dashrightarrow 00:39:25.954$ So we look at advanced stage HCC,

NOTE Confidence: 0.931611456

00:39:25.960 --> 00:39:28.998 either BCLC or intermediate stage B with,

NOTE Confidence: 0.931611456

 $00:39:29.000 \longrightarrow 00:39:32.150$ you know, those caveats as I mentioned.

NOTE Confidence: 0.931611456

 $00:39:32.150 \longrightarrow 00:39:33.665$ We want to think about

NOTE Confidence: 0.931611456

 $00:39:33.665 \longrightarrow 00:39:34.877$ contraindications for immune therapy,

NOTE Confidence: 0.931611456

 $00:39:34.880 \longrightarrow 00:39:36.614$ which is something we didn't think

NOTE Confidence: 0.931611456

00:39:36.614 --> 00:39:38.569 about until these drugs came to market.

NOTE Confidence: 0.931611456

 $00:39:38.570 \longrightarrow 00:39:40.290$ So what kind of autoimmune

NOTE Confidence: 0.931611456

00:39:40.290 --> 00:39:42.010 disorders does a patient have?

NOTE Confidence: 0.931611456

 $00:39:42.010 \longrightarrow 00:39:44.348$ Might they be going for liver transplant?

NOTE Confidence: 0.931611456

 $00:39:44.350 \longrightarrow 00:39:46.226$ Should we check with the liver transplant

NOTE Confidence: 0.931611456

 $00:39:46.226 \longrightarrow 00:39:48.523$ Center if there if they would be OK with

NOTE Confidence: 0.931611456

 $00{:}39{:}48.523 \dashrightarrow 00{:}39{:}50.267$ transplanting a person who received an

NOTE Confidence: 0.931611456

 $00:39:50.267 \longrightarrow 00:39:52.264$ immune checkpoint inhibitor and then we

NOTE Confidence: 0.931611456

 $00:39:52.264 \longrightarrow 00:39:54.350$ actually have to think about other things.

 $00{:}39{:}54.350 \dashrightarrow 00{:}39{:}57.654$ So right now the first line choice

NOTE Confidence: 0.931611456

 $00{:}39{:}57.654 \dashrightarrow 00{:}40{:}00.210$ is a tezolizumab and bevacizumab.

NOTE Confidence: 0.931611456

 $00:40:00.210 \longrightarrow 00:40:01.715$ Bevacizumab is a VEGF inhibitor

NOTE Confidence: 0.931611456

 $00:40:01.715 \longrightarrow 00:40:03.790$ with a higher risk of bleeding.

NOTE Confidence: 0.931611456

 $00:40:03.790 \longrightarrow 00:40:05.438$ And so in the in brave 150 trial

NOTE Confidence: 0.931611456

00:40:05.438 --> 00:40:07.307 which is what brought this to market,

NOTE Confidence: 0.931611456

 $00:40:07.310 \longrightarrow 00:40:08.586$ they did an EGD.

NOTE Confidence: 0.931611456

00:40:08.586 --> 00:40:10.500 Within six months of the patients

NOTE Confidence: 0.931611456

 $00:40:10.566 \longrightarrow 00:40:11.970$ going on this regimen,

NOTE Confidence: 0.931611456

 $00:40:11.970 \longrightarrow 00:40:13.690$ not a great real-world thing.

NOTE Confidence: 0.931611456

 $00:40:13.690 \longrightarrow 00:40:14.908$ It's really hard to get all

NOTE Confidence: 0.931611456

00:40:14.908 --> 00:40:16.069 these people in for an EGD.

NOTE Confidence: 0.931611456

 $00:40:16.070 \longrightarrow 00:40:16.844$ The problem is,

NOTE Confidence: 0.931611456

 $00:40:16.844 \longrightarrow 00:40:18.392$ what if they actually find varices

NOTE Confidence: 0.931611456

 $00:40:18.392 \longrightarrow 00:40:20.329$ and there was no stigmata of bleeding?

 $00:40:20.330 \longrightarrow 00:40:21.390$ Then what do we do?

NOTE Confidence: 0.931611456

00:40:21.390 --> 00:40:22.124 And actually,

NOTE Confidence: 0.931611456

 $00:40:22.124 \longrightarrow 00:40:24.693$ the trial said that they were treated

NOTE Confidence: 0.931611456

00:40:24.693 --> 00:40:26.508 according to institutional norms,

NOTE Confidence: 0.931611456

 $00:40:26.510 \longrightarrow 00:40:27.950$ which is a big Gray area.

NOTE Confidence: 0.931611456

00:40:27.950 --> 00:40:29.441 But my thought is if they don't

NOTE Confidence: 0.931611456

 $00:40:29.441 \longrightarrow 00:40:30.530$ have stigmata of bleeding,

NOTE Confidence: 0.931611456

 $00:40:30.530 \longrightarrow 00:40:31.331$ try the drug,

NOTE Confidence: 0.931611456

00:40:31.331 --> 00:40:33.200 make sure you tell the person there's

NOTE Confidence: 0.931611456

 $00:40:33.257 \longrightarrow 00:40:34.829$ a higher risk of bleeding and,

NOTE Confidence: 0.931611456

 $00{:}40{:}34.830 \to 00{:}40{:}36.825$ you know, don't bother banding them and

NOTE Confidence: 0.931611456

 $00:40:36.825 \longrightarrow 00:40:38.678$ putting off their therapy for months.

NOTE Confidence: 0.931611456

 $00{:}40{:}38.680 \dashrightarrow 00{:}40{:}39.884$ That's kind of ridiculous.

NOTE Confidence: 0.931611456

 $00:40:39.884 \longrightarrow 00:40:42.036$ So there's now a lot of real

NOTE Confidence: 0.931611456

 $00:40:42.036 \longrightarrow 00:40:44.017$ world OHS that came out of these

NOTE Confidence: 0.931611456

00:40:44.017 --> 00:40:45.728 trials as as always happens,

 $00:40:45.730 \longrightarrow 00:40:47.810$ but we have to think about these things.

NOTE Confidence: 0.931611456

 $00:40:47.810 \longrightarrow 00:40:48.598$ So Ateso,

NOTE Confidence: 0.931611456

 $00:40:48.598 \longrightarrow 00:40:52.070$ Bev is the first line choice for our

NOTE Confidence: 0.931611456

 $00:40:52.070 \longrightarrow 00:40:55.570$ patients if they can have these drugs.

NOTE Confidence: 0.931611456

00:40:55.570 --> 00:40:56.858 Tremelimumab and durvalumab just

NOTE Confidence: 0.931611456

 $00:40:56.858 \longrightarrow 00:40:59.101$ came on the market and then there

NOTE Confidence: 0.931611456

 $00:40:59.101 \longrightarrow 00:41:00.865$ are a lot of people who can't

NOTE Confidence: 0.931611456

 $00:41:00.865 \longrightarrow 00:41:02.074$ have immune checkpoint inhibitors

NOTE Confidence: 0.931611456

 $00:41:02.074 \longrightarrow 00:41:04.006$ and they can still get TI.

NOTE Confidence: 0.931611456

 $00:41:04.010 \longrightarrow 00:41:06.298$ The areas that are sort of dashed and

NOTE Confidence: 0.931611456

00:41:06.298 --> 00:41:08.988 Gray are sort of entirely data free zones.

NOTE Confidence: 0.931611456

 $00:41:08.990 \longrightarrow 00:41:10.796$ So these areas here if you can.

NOTE Confidence: 0.931611456

 $00{:}41{:}10.800 --> 00{:}41{:}11.404 \ \mathrm{My \ cursor},$

NOTE Confidence: 0.931611456

 $00:41:11.404 \longrightarrow 00:41:13.216$ which I don't think you can.

NOTE Confidence: 0.931611456

 $00:41:13.220 \longrightarrow 00:41:15.932$ So what happens if they got an immune

00:41:15.932 --> 00:41:17.838 checkpoint inhibitor in for in frontline,

NOTE Confidence: 0.931611456

 $00:41:17.840 \longrightarrow 00:41:19.640$ you know, can they go back to a TKI.

NOTE Confidence: 0.931611456

 $00:41:19.640 \longrightarrow 00:41:21.422$ So these are things we're not

NOTE Confidence: 0.931611456

 $00:41:21.422 \longrightarrow 00:41:22.313$ entirely sure of.

NOTE Confidence: 0.931611456

 $00:41:22.320 \longrightarrow 00:41:26.065$ So there's a lot of room to

NOTE Confidence: 0.931611456

 $00:41:26.065 \longrightarrow 00:41:27.670$ study these things.

NOTE Confidence: 0.931611456

00:41:27.670 --> 00:41:29.668 What's important is what we're missing,

NOTE Confidence: 0.931611456

 $00:41:29.670 \longrightarrow 00:41:31.077$ which is that all of these trials

NOTE Confidence: 0.931611456

 $00{:}41{:}31.077 \dashrightarrow 00{:}41{:}32.710$ are done in child Pugh a patients.

NOTE Confidence: 0.931611456

 $00:41:32.710 \longrightarrow 00:41:34.906$ So these are well compensated patients.

NOTE Confidence: 0.931611456

 $00:41:34.910 \longrightarrow 00:41:35.720$ They look fine.

NOTE Confidence: 0.931611456

 $00:41:35.720 \longrightarrow 00:41:37.070$ They don't have any complications

NOTE Confidence: 0.931611456

 $00:41:37.070 \longrightarrow 00:41:38.653$ of their liver disease and actually

NOTE Confidence: 0.931611456

 $00{:}41{:}38.653 \dashrightarrow 00{:}41{:}40.135$ a lot of our patients have

NOTE Confidence: 0.931611456

 $00:41:40.187 \longrightarrow 00:41:41.797$ complications of liver disease when

NOTE Confidence: 0.931611456

00:41:41.797 --> 00:41:43.407 they're diagnosed with their HCC.

 $00:41:43.410 \longrightarrow 00:41:45.678$ So we want agents that can help

NOTE Confidence: 0.931611456

 $00{:}41{:}45.678 \dashrightarrow 00{:}41{:}47.479$ with Child Pugh B patients.

NOTE Confidence: 0.931611456

 $00:41:47.480 \longrightarrow 00:41:49.748$ These are patients who you know

NOTE Confidence: 0.931611456

 $00:41:49.748 \longrightarrow 00:41:51.518$ may have a low albumin.

NOTE Confidence: 0.931611456

00:41:51.518 --> 00:41:53.176 They may have, you know,

NOTE Confidence: 0.931611456

00:41:53.176 --> 00:41:53.822 prolonged INR,

NOTE Confidence: 0.931611456

 $00:41:53.822 \longrightarrow 00:41:55.437$ they may have trace societies

NOTE Confidence: 0.931611456

00:41:55.437 --> 00:41:57.190 that's controlled with diuretics,

NOTE Confidence: 0.931611456

 $00:41:57.190 \longrightarrow 00:41:58.022$ for example.

NOTE Confidence: 0.931611456

 $00:41:58.022 \longrightarrow 00:42:01.350$ So as part of our recommendations we really

NOTE Confidence: 0.883999418095238

00:42:01.431 --> 00:42:04.239 think that well selected child pubby

NOTE Confidence: 0.883999418095238

 $00:42:04.239 \longrightarrow 00:42:06.640$ patients should be offered either

NOTE Confidence: 0.883999418095238

 $00{:}42{:}06.640 \dashrightarrow 00{:}42{:}08.565$ TI's which have been studied in them

NOTE Confidence: 0.883999418095238

 $00{:}42{:}08.565 \dashrightarrow 00{:}42{:}10.881$ or single agent anti PD one or anti

NOTE Confidence: 0.883999418095238

 $00{:}42{:}10.881 \dashrightarrow 00{:}42{:}12.311$ PDL 1 immune checkpoint inhibitors

 $00:42:12.368 \longrightarrow 00:42:13.852$ combination therapies really haven't

NOTE Confidence: 0.883999418095238

 $00:42:13.852 \longrightarrow 00:42:16.078$ been looked at in these patients.

NOTE Confidence: 0.883999418095238

 $00:42:16.080 \longrightarrow 00:42:18.656$ So I think we have to treat

NOTE Confidence: 0.883999418095238

 $00:42:18.656 \longrightarrow 00:42:19.760$ those patients carefully.

NOTE Confidence: 0.883999418095238

 $00:42:19.760 \longrightarrow 00:42:21.622$ So I think one of the problems

NOTE Confidence: 0.883999418095238

 $00:42:21.622 \longrightarrow 00:42:23.352$ that we have with understanding

NOTE Confidence: 0.883999418095238

 $00:42:23.352 \longrightarrow 00:42:25.517$ the data around immune checkpoint

NOTE Confidence: 0.883999418095238

00:42:25.517 --> 00:42:27.994 inhibitors is how variable the.

NOTE Confidence: 0.883999418095238

 $00:42:27.994 \longrightarrow 00:42:30.450$ The. Predictability of responses.

NOTE Confidence: 0.883999418095238

 $00:42:30.450 \longrightarrow 00:42:33.145$ So these are people who had a partial

NOTE Confidence: 0.883999418095238

 $00{:}42{:}33.145 \dashrightarrow 00{:}42{:}35.280$ response and a goal triangle and you

NOTE Confidence: 0.883999418095238

 $00:42:35.351 \longrightarrow 00:42:37.455$ can see it's all over the map and

NOTE Confidence: 0.883999418095238

 $00:42:37.455 \longrightarrow 00:42:39.447$ there are people who have really,

NOTE Confidence: 0.883999418095238

 $00:42:39.450 \longrightarrow 00:42:42.170$ really long ongoing responses until

NOTE Confidence: 0.883999418095238

 $00:42:42.170 \longrightarrow 00:42:44.890$ they then develop progressive disease.

NOTE Confidence: 0.883999418095238

 $00:42:44.890 \longrightarrow 00:42:47.725$ So all of the arrows are people who were

 $00:42:47.725 \longrightarrow 00:42:50.405$ still alive after 72 months towards that end.

NOTE Confidence: 0.883999418095238

00:42:50.405 --> 00:42:52.766 And then all of the, Umm, you know,

NOTE Confidence: 0.883999418095238

00:42:52.766 --> 00:42:54.638 blocks where they end show where

NOTE Confidence: 0.883999418095238

 $00:42:54.638 \longrightarrow 00:42:56.870$ they progressed and and passed away.

NOTE Confidence: 0.883999418095238

 $00:42:56.870 \longrightarrow 00:42:57.608$ But I mean,

NOTE Confidence: 0.883999418095238

 $00:42:57.608 \longrightarrow 00:42:59.530$ I think that the interesting thing here is.

NOTE Confidence: 0.883999418095238

 $00:42:59.530 \longrightarrow 00:43:01.686$ Well, who are these people who can

NOTE Confidence: 0.883999418095238

 $00:43:01.686 \longrightarrow 00:43:03.989$ have this 72 month long response?

NOTE Confidence: 0.883999418095238

 $00:43:03.990 \longrightarrow 00:43:06.566$ So this that data was from the keynote

NOTE Confidence: 0.883999418095238

 $00{:}43{:}06.570 \dashrightarrow 00{:}43{:}08.515$ 224 trial which was pembrolizumab

NOTE Confidence: 0.883999418095238

00:43:08.515 --> 00:43:10.460 after progression of disease with

NOTE Confidence: 0.883999418095238

 $00:43:10.519 \longrightarrow 00:43:12.430$ sorafenib and I think this is what

NOTE Confidence: 0.883999418095238

 $00{:}43{:}12.430 \dashrightarrow 00{:}43{:}14.407$ really got a lot of us thinking.

NOTE Confidence: 0.883999418095238

 $00:43:14.410 \longrightarrow 00:43:16.030$ But more recent data that comes

NOTE Confidence: 0.883999418095238

 $00:43:16.030 \longrightarrow 00:43:18.571$ out of the in brave 150 At's above

 $00:43:18.571 \longrightarrow 00:43:20.773$ trial really shows us the landscape

NOTE Confidence: 0.883999418095238

 $00{:}43{:}20.773 \dashrightarrow 00{:}43{:}23.110$ of the immune profiles of these

NOTE Confidence: 0.883999418095238

00:43:23.110 --> 00:43:25.809 patients and the fact that the ratio

NOTE Confidence: 0.883999418095238

 $00:43:25.809 \longrightarrow 00:43:28.329$ of T regulatory to effector T cells

NOTE Confidence: 0.883999418095238

00:43:28.329 --> 00:43:30.790 really matters in terms of survival,

NOTE Confidence: 0.883999418095238

 $00:43:30.790 \longrightarrow 00:43:33.090$ especially with immune checkpoint inhibitors.

NOTE Confidence: 0.883999418095238

 $00:43:33.090 \longrightarrow 00:43:35.184$ So I think this is definitely

NOTE Confidence: 0.883999418095238

 $00:43:35.184 \longrightarrow 00:43:37.027$ getting towards the more personalized

NOTE Confidence: 0.883999418095238

 $00{:}43{:}37.027 \dashrightarrow 00{:}43{:}39.652$ approach and how to figure out who

NOTE Confidence: 0.883999418095238

 $00:43:39.652 \longrightarrow 00:43:41.249$ should get these drugs,

NOTE Confidence: 0.883999418095238 00:43:41.250 --> 00:43:41.531 Umm,

NOTE Confidence: 0.883999418095238

 $00{:}43{:}41.531 \dashrightarrow 00{:}43{:}43.217$ some of the interesting things that

NOTE Confidence: 0.883999418095238

00:43:43.217 --> 00:43:44.440 have been published lately.

NOTE Confidence: 0.883999418095238

 $00:43:44.440 \longrightarrow 00:43:47.216$ And the GI world or liver world is

NOTE Confidence: 0.883999418095238

00:43:47.216 --> 00:43:50.036 this paper that looks at you know

NOTE Confidence: 0.883999418095238

 $00:43:50.036 \longrightarrow 00:43:52.128$ essentially frontline PD1 inhibition

00:43:52.128 --> 00:43:54.949 or PD1 treatment compared to receiving

NOTE Confidence: 0.883999418095238

 $00{:}43{:}54.949 \dashrightarrow 00{:}43{:}57.990$ a PD1 as a second line or third line.

NOTE Confidence: 0.883999418095238

 $00:43:57.990 \longrightarrow 00:44:00.006$ So here you can see that if you

NOTE Confidence: 0.883999418095238

00:44:00.006 --> 00:44:01.890 start with PD one and first line,

NOTE Confidence: 0.883999418095238

00:44:01.890 --> 00:44:03.462 it's more likely that you're going

NOTE Confidence: 0.883999418095238

 $00:44:03.462 \longrightarrow 00:44:05.337$ to have a complete remission or a

NOTE Confidence: 0.883999418095238

 $00:44:05.337 \longrightarrow 00:44:06.879$ partial response as opposed to if

NOTE Confidence: 0.883999418095238

 $00:44:06.879 \longrightarrow 00:44:08.735$ you start in second line and third

NOTE Confidence: 0.883999418095238

 $00{:}44{:}08.735 \dashrightarrow 00{:}44{:}10.736$ line when you're more likely to have

NOTE Confidence: 0.883999418095238

 $00:44:10.736 \longrightarrow 00:44:12.668$ stable disease or progression of disease.

NOTE Confidence: 0.883999418095238

00:44:12.670 --> 00:44:14.315 So this was a pretty small trial

NOTE Confidence: 0.883999418095238

 $00:44:14.315 \longrightarrow 00:44:15.020$ and there were.

NOTE Confidence: 0.883999418095238

 $00{:}44{:}15.020 \dashrightarrow 00{:}44{:}17.852$ Issues in terms of the timing of biopsies

NOTE Confidence: 0.883999418095238

 $00:44:17.852 \longrightarrow 00:44:20.809$ and the timing of duration of disease.

NOTE Confidence: 0.883999418095238

 $00:44:20.810 \longrightarrow 00:44:23.239$ But what you can see is that

 $00:44:23.239 \longrightarrow 00:44:24.807$ clearly over overall survival

NOTE Confidence: 0.883999418095238

 $00:44:24.807 \longrightarrow 00:44:27.072$ and progression free survival and

NOTE Confidence: 0.883999418095238

 $00:44:27.072 \longrightarrow 00:44:29.832$ frontline anti PD one therapy for

NOTE Confidence: 0.883999418095238

 $00:44:29.832 \longrightarrow 00:44:32.007$ HCC is really quite impressive.

NOTE Confidence: 0.883999418095238

 $00:44:32.010 \longrightarrow 00:44:34.242$ What is even more interesting about

NOTE Confidence: 0.883999418095238

 $00:44:34.242 \longrightarrow 00:44:36.715$ this paper which just came out was

NOTE Confidence: 0.883999418095238

 $00:44:36.715 \longrightarrow 00:44:38.857$ really that they were able to take

NOTE Confidence: 0.883999418095238

 $00:44:38.932 \longrightarrow 00:44:42.314$ and develop sort of a a signature and

NOTE Confidence: 0.883999418095238

 $00:44:42.314 \longrightarrow 00:44:45.320$ the signature this is basically a.

NOTE Confidence: 0.883999418095238

 $00:44:45.320 \longrightarrow 00:44:47.312$ Interferon antigen presenting signature

NOTE Confidence: 0.883999418095238

 $00{:}44{:}47.312 \dashrightarrow 00{:}44{:}50.300$ they called it if interferon AP

NOTE Confidence: 0.883999418095238

 $00{:}44{:}50.371 \dashrightarrow 00{:}44{:}52.870$ essentially and what you can see is

NOTE Confidence: 0.883999418095238

 $00:44:52.870 \longrightarrow 00:44:55.429$ that people who had the signature

NOTE Confidence: 0.883999418095238

 $00:44:55.429 \longrightarrow 00:44:57.779$ obviously they had increased CD4

NOTE Confidence: 0.883999418095238

00:44:57.779 --> 00:45:00.020 memory activated T cells and M1

NOTE Confidence: 0.883999418095238

 $00:45:00.020 \longrightarrow 00:45:01.970$ macrophages and plasma cells in the

 $00:45:02.042 \longrightarrow 00:45:04.384$ tumor microenvironment. They responded.

NOTE Confidence: 0.846964823333333

 $00:45:04.384 \longrightarrow 00:45:06.494$ The non responders really had

NOTE Confidence: 0.846964823333333

00:45:06.494 --> 00:45:09.044 significantly higher you know T regulatory

NOTE Confidence: 0.846964823333333

 $00:45:09.044 \longrightarrow 00:45:11.079$ cells in the tumor microenvironment.

NOTE Confidence: 0.846964823333333

 $00:45:11.080 \longrightarrow 00:45:13.696$ So I think we're getting more and more

NOTE Confidence: 0.846964823333333

 $00:45:13.696 \longrightarrow 00:45:15.190$ into personalization but obviously.

NOTE Confidence: 0.846964823333333

 $00:45:15.190 \longrightarrow 00:45:16.996$ These trials had big data repositories

NOTE Confidence: 0.846964823333333

 $00:45:16.996 \longrightarrow 00:45:18.750$ and they're just still reporting,

NOTE Confidence: 0.846964823333333

 $00:45:18.750 \longrightarrow 00:45:20.654$ so I think the next couple of

NOTE Confidence: 0.846964823333333

00:45:20.654 --> 00:45:22.610 years will be very interesting.

NOTE Confidence: 0.846964823333333

 $00:45:22.610 \longrightarrow 00:45:24.248$ So I think bottom line is we

NOTE Confidence: 0.846964823333333

 $00:45:24.248 \longrightarrow 00:45:25.332$ need to collectively strive

NOTE Confidence: 0.846964823333333

 $00{:}45{:}25.332 \to 00{:}45{:}26.668$ for a personalized approach,

NOTE Confidence: 0.846964823333333

 $00:45:26.670 \longrightarrow 00:45:28.235$ whether we're looking at population

NOTE Confidence: 0.846964823333333

 $00:45:28.235 \longrightarrow 00:45:30.749$ health or looking at the patients biology.

 $00:45:30.750 \longrightarrow 00:45:33.468$ And so this is kind of where we were.

NOTE Confidence: 0.846964823333333

 $00:45:33.470 \longrightarrow 00:45:35.360$ I think we're moving more towards

NOTE Confidence: 0.846964823333333

 $00:45:35.360 \longrightarrow 00:45:36.305$ the tailored approach.

NOTE Confidence: 0.846964823333333

00:45:36.310 --> 00:45:39.100 But you can see when you kind of throw

NOTE Confidence: 0.846964823333333

 $00:45:39.100 \longrightarrow 00:45:41.707$ all of these populations together,

NOTE Confidence: 0.846964823333333

 $00:45:41.710 \longrightarrow 00:45:43.130$ give them a treatment,

NOTE Confidence: 0.846964823333333

 $00{:}45{:}43.130 \dashrightarrow 00{:}45{:}45.450$ you get a 20% response and that's great

NOTE Confidence: 0.846964823333333

 $00:45:45.450 \longrightarrow 00:45:47.609$ and we can show that and that's wonderful.

NOTE Confidence: 0.846964823333333

 $00:45:47.610 \longrightarrow 00:45:49.410$ But the real question is who are these

NOTE Confidence: 0.846964823333333

 $00:45:49.410 \longrightarrow 00:45:51.228$ people who are going to respond or not

NOTE Confidence: 0.8469648233333333

 $00:45:51.228 \longrightarrow 00:45:53.077$ going to respond and how can we actually?

NOTE Confidence: 0.846964823333333

 $00:45:53.080 \longrightarrow 00:45:54.600$ Properly categorize them so that

NOTE Confidence: 0.846964823333333

 $00:45:54.600 \longrightarrow 00:45:56.439$ they can get the treatment that

NOTE Confidence: 0.8469648233333333

 $00:45:56.439 \longrightarrow 00:45:58.245$ they need and this is really what

NOTE Confidence: 0.846964823333333

 $00:45:58.245 \longrightarrow 00:46:00.100$ we're doing you know all throughout

NOTE Confidence: 0.846964823333333

 $00:46:00.100 \longrightarrow 00:46:01.705$ our clinical and research lives.

 $00:46:01.710 \longrightarrow 00:46:03.540$ So what are the most pressing

NOTE Confidence: 0.846964823333333

 $00:46:03.540 \longrightarrow 00:46:05.130$ clinical and research related needs?

NOTE Confidence: 0.846964823333333

 $00:46:05.130 \longrightarrow 00:46:07.104$ I think access to care for

NOTE Confidence: 0.846964823333333

 $00:46:07.104 \longrightarrow 00:46:08.670$ prevention and screening is #1.

NOTE Confidence: 0.846964823333333

00:46:08.670 --> 00:46:11.846 A lot of liver disease actually is something

NOTE Confidence: 0.846964823333333

 $00:46:11.846 \longrightarrow 00:46:14.634$ that is modifiable early diagnosis.

NOTE Confidence: 0.846964823333333

00:46:14.634 --> 00:46:18.638 So imaging of course liquid biopsy tissue

NOTE Confidence: 0.846964823333333

 $00:46:18.640 \longrightarrow 00:46:20.782$ we need clinical blood based imaging

NOTE Confidence: 0.846964823333333

00:46:20.782 --> 00:46:22.850 and tissue biomarkers for detection,

NOTE Confidence: 0.846964823333333

 $00:46:22.850 \longrightarrow 00:46:23.538$ prognosis and.

NOTE Confidence: 0.846964823333333

 $00:46:23.538 \longrightarrow 00:46:24.570$ Response to treatment,

NOTE Confidence: 0.846964823333333

 $00:46:24.570 \longrightarrow 00:46:26.047$ I don't think it's going to be

NOTE Confidence: 0.846964823333333

 $00:46:26.047 \longrightarrow 00:46:27.050$ one or the other.

NOTE Confidence: 0.846964823333333

 $00:46:27.050 \longrightarrow 00:46:28.886$ I think it's going to be all of them.

NOTE Confidence: 0.846964823333333

 $00:46:28.890 \longrightarrow 00:46:30.845$ And the mechanisms of pathogenesis

 $00:46:30.845 \longrightarrow 00:46:32.800$ and tumor behavior really are

NOTE Confidence: 0.846964823333333

 $00:46:32.861 \longrightarrow 00:46:34.506$ still in many ways unknown.

NOTE Confidence: 0.846964823333333

00:46:34.510 --> 00:46:35.430 We're working on it,

NOTE Confidence: 0.846964823333333

 $00:46:35.430 \longrightarrow 00:46:37.430$ but we have a lot of questions.

NOTE Confidence: 0.846964823333333

 $00:46:37.430 \longrightarrow 00:46:39.572$ The order and timing of treatments

NOTE Confidence: 0.846964823333333

 $00:46:39.572 \longrightarrow 00:46:40.643$ and sequential classification

NOTE Confidence: 0.846964823333333

 $00:46:40.643 \longrightarrow 00:46:41.970$ is really important.

NOTE Confidence: 0.846964823333333

00:46:41.970 --> 00:46:43.254 So revised tumor staging,

NOTE Confidence: 0.8469648233333333

 $00:46:43.254 \longrightarrow 00:46:45.458$ we really have to start getting into

NOTE Confidence: 0.846964823333333

 $00:46:45.458 \longrightarrow 00:46:47.384$ it and we have to do it for stage

NOTE Confidence: 0.8469648233333333

 $00:46:47.445 \longrightarrow 00:46:49.615$ migration and stage shift and we really

NOTE Confidence: 0.846964823333333

 $00:46:49.615 \longrightarrow 00:46:51.363$ need to deliver value based care.

NOTE Confidence: 0.846964823333333

 $00:46:51.363 \longrightarrow 00:46:52.989$ These patients need to be taken

NOTE Confidence: 0.8469648233333333

 $00:46:52.989 \longrightarrow 00:46:54.618$ care of in a multidisciplinary.

NOTE Confidence: 0.846964823333333

00:46:54.620 --> 00:46:55.712 Environment where they really

NOTE Confidence: 0.846964823333333

 $00:46:55.712 \longrightarrow 00:46:57.669$ feel that the whole team is there

 $00:46:57.669 \longrightarrow 00:46:59.277$ for them and that they're the

NOTE Confidence: 0.846964823333333

00:46:59.277 --> 00:47:00.708 Most Valuable Player on the team.

NOTE Confidence: 0.846964823333333

 $00:47:00.710 \longrightarrow 00:47:02.190$ So my key takeaways,

NOTE Confidence: 0.846964823333333

00:47:02.190 --> 00:47:04.410 the epidemiology of HC is shifting.

NOTE Confidence: 0.846964823333333

 $00:47:04.410 \longrightarrow 00:47:06.391$ Fatty liver disease is a big new

NOTE Confidence: 0.846964823333333

 $00:47:06.391 \longrightarrow 00:47:08.439$ kid on the block, no pun intended.

NOTE Confidence: 0.846964823333333

 $00:47:08.439 \longrightarrow 00:47:10.004$ That was terrible. I'm sorry.

NOTE Confidence: 0.846964823333333

 $00:47:10.004 \longrightarrow 00:47:12.923$ We need, we need to embrace complexity,

NOTE Confidence: 0.846964823333333

 $00{:}47{:}12.930 \dashrightarrow 00{:}47{:}14.480$ technology and team based care

NOTE Confidence: 0.846964823333333

 $00:47:14.480 \longrightarrow 00:47:16.488$ and science to offer our patients

NOTE Confidence: 0.846964823333333

 $00:47:16.488 \longrightarrow 00:47:18.068$ the best possible outcome.

NOTE Confidence: 0.846964823333333

 $00:47:18.070 \longrightarrow 00:47:20.134$ So really when we break down

NOTE Confidence: 0.846964823333333

 $00{:}47{:}20.134 \dashrightarrow 00{:}47{:}22.130$ silos across care and science,

NOTE Confidence: 0.846964823333333

 $00:47:22.130 \longrightarrow 00:47:24.626$ we actually do the best science.

NOTE Confidence: 0.846964823333333

 $00:47:24.630 \longrightarrow 00:47:25.942$ They really need a

 $00:47:25.942 \longrightarrow 00:47:26.598$ multidisciplinary approach.

NOTE Confidence: 0.846964823333333

 $00:47:26.600 \longrightarrow 00:47:27.885$ It's the mainstay for complex

NOTE Confidence: 0.846964823333333

 $00{:}47{:}27.885 \dashrightarrow 00{:}47{:}29.487$ decision making and I think people

NOTE Confidence: 0.846964823333333

00:47:29.487 --> 00:47:30.817 always feel better when they're

NOTE Confidence: 0.846964823333333

 $00:47:30.817 \longrightarrow 00:47:32.328$ part of a collective and really

NOTE Confidence: 0.846964823333333

 $00:47:32.328 \longrightarrow 00:47:33.912$ come up with a good plan of care.

NOTE Confidence: 0.846964823333333

 $00:47:33.920 \longrightarrow 00:47:35.660$ We should really push the envelope.

NOTE Confidence: 0.846964823333333

00:47:35.660 --> 00:47:37.598 It's important to push the envelope,

NOTE Confidence: 0.846964823333333

 $00:47:37.600 \longrightarrow 00:47:40.659$ most ideally in a clinical trial setting.

NOTE Confidence: 0.846964823333333

 $00:47:40.660 \longrightarrow 00:47:42.844$ And the surge in large scale

NOTE Confidence: 0.8469648233333333

 $00{:}47{:}42.844 \dashrightarrow 00{:}47{:}44.300$ observational and omic data

NOTE Confidence: 0.872979126071429

 $00{:}47{:}44.365 \dashrightarrow 00{:}47{:}46.250$ should help inform large prospective

NOTE Confidence: 0.872979126071429

 $00:47:46.250 \longrightarrow 00:47:48.980$ trials as well as all the analytical

NOTE Confidence: 0.872979126071429

 $00:47:48.980 \longrightarrow 00:47:51.320$ platforms we have for these data.

NOTE Confidence: 0.872979126071429

 $00:47:51.320 \longrightarrow 00:47:53.050$ And systemic therapy options continue

NOTE Confidence: 0.872979126071429

 $00{:}47{:}53.050 \dashrightarrow 00{:}47{:}55.340$ to grow for advanced HCC patients.

 $00{:}47{:}55.340 \dashrightarrow 00{:}47{:}57.444$ But now is the time that we should

NOTE Confidence: 0.872979126071429

 $00:47:57.444 \longrightarrow 00:47:59.112$ stop looking at that 20% response

NOTE Confidence: 0.872979126071429

00:47:59.112 --> 00:48:01.188 and actually figuring out who we

NOTE Confidence: 0.872979126071429

 $00:48:01.188 \longrightarrow 00:48:03.077$ should treat when and with what.

NOTE Confidence: 0.872979126071429

 $00:48:03.080 \longrightarrow 00:48:05.138$ We definitely need a better understanding

NOTE Confidence: 0.872979126071429

 $00:48:05.138 \longrightarrow 00:48:07.285$ of when to introduce systemic therapies

NOTE Confidence: 0.872979126071429

 $00:48:07.285 \longrightarrow 00:48:09.522$ and there are 150 ongoing clinical trials

NOTE Confidence: 0.872979126071429

 $00:48:09.522 \longrightarrow 00:48:11.650$ that are going to reshape the field.

NOTE Confidence: 0.872979126071429

00:48:11.650 --> 00:48:14.260 In terms of adjuvant, neoadjuvant,

NOTE Confidence: 0.872979126071429

 $00:48:14.260 \longrightarrow 00:48:16.180$ the game is just beginning.

NOTE Confidence: 0.872979126071429

00:48:16.180 --> 00:48:18.920 So I really want to thank a lot of people,

NOTE Confidence: 0.872979126071429

00:48:18.920 --> 00:48:21.840 really most importantly Amy Justice,

NOTE Confidence: 0.872979126071429

 $00{:}48{:}21.840 \dashrightarrow 00{:}48{:}24.010$ who really mentored me for the virtual

NOTE Confidence: 0.872979126071429

 $00:48:24.010 \longrightarrow 00:48:26.795$ cohort at the VA and through a lot of the

NOTE Confidence: 0.872979126071429

00:48:26.795 --> 00:48:29.239 work we've been doing on HIV associated HC,

00:48:29.240 --> 00:48:30.580 Dave Kaplan, who's my Co,

NOTE Confidence: 0.872979126071429

 $00:48:30.580 \longrightarrow 00:48:31.980$ Pi in the vocal study,

NOTE Confidence: 0.872979126071429

 $00:48:31.980 \longrightarrow 00:48:33.464$ Georgianna Who's my Co

NOTE Confidence: 0.872979126071429

 $00:48:33.464 \longrightarrow 00:48:35.319$ chair of the premium trial,

NOTE Confidence: 0.872979126071429

 $00:48:35.320 \longrightarrow 00:48:37.924$ Mario who's mentored me for probably more

NOTE Confidence: 0.872979126071429

00:48:37.924 --> 00:48:40.420 years than he'd like to think about,

NOTE Confidence: 0.872979126071429

 $00:48:40.420 \longrightarrow 00:48:42.460$ Catherine Mezzacappa provided me with this.

NOTE Confidence: 0.872979126071429

 $00:48:42.460 \longrightarrow 00:48:44.476$ Sides of her preliminary work and she

NOTE Confidence: 0.872979126071429

00:48:44.476 --> 00:48:46.378 just received a liver pilot grant,

NOTE Confidence: 0.872979126071429

00:48:46.380 --> 00:48:48.669 which is wonderful for her Rajni meta,

NOTE Confidence: 0.872979126071429

 $00{:}48{:}48.670 \dashrightarrow 00{:}48{:}50.610$ from the rapid case ascertainment

NOTE Confidence: 0.872979126071429

00:48:50.610 --> 00:48:52.550 resource for the Cancer Center,

NOTE Confidence: 0.872979126071429

 $00:48:52.550 \longrightarrow 00:48:54.478$ who's really been my right hand now for

NOTE Confidence: 0.872979126071429

00:48:54.478 --> 00:48:56.560 well over a decade and many, many more,

NOTE Confidence: 0.872979126071429

 $00:48:56.560 \longrightarrow 00:48:58.210$ but most importantly my patients.

NOTE Confidence: 0.872979126071429

 $00:48:58.210 \longrightarrow 00:48:59.689$ So thank you.

 $00:49:07.420 \longrightarrow 00:49:07.940$ Yes.

NOTE Confidence: 0.720429575

00:49:09.730 --> 00:49:10.260 The light. NOTE Confidence: 0.842106722857143

 $00:49:13.930 \longrightarrow 00:49:15.645$ So one of the things that I

NOTE Confidence: 0.842106722857143

00:49:15.645 --> 00:49:17.319 think about is we do see this,

NOTE Confidence: 0.842106722857143

 $00:49:17.320 \longrightarrow 00:49:19.340$ as you point out, looming.

NOTE Confidence: 0.596052425

 $00:49:22.010 \longrightarrow 00:49:26.018$ Epidemic with Don alcohol.

NOTE Confidence: 0.596052425

00:49:26.020 --> 00:49:29.016 It is exciting to think about surveillance

NOTE Confidence: 0.596052425

 $00:49:29.016 \longrightarrow 00:49:30.829$ and seed interventions in the.

NOTE Confidence: 0.596052425

00:49:30.830 --> 00:49:32.192 Anti violence phase,

NOTE Confidence: 0.596052425

 $00:49:32.192 \longrightarrow 00:49:34.916$ but we actually have an enormous

NOTE Confidence: 0.596052425

00:49:34.916 --> 00:49:36.770 capacity for risk reduction

NOTE Confidence: 0.596052425

 $00:49:36.770 \longrightarrow 00:49:38.530$ in fatty liver disease.

NOTE Confidence: 0.596052425

 $00{:}49{:}38.530 \dashrightarrow 00{:}49{:}41.020$ Do you have any interventions in

NOTE Confidence: 0.596052425

 $00:49:41.020 \longrightarrow 00:49:43.700$ the planning stages for that and

NOTE Confidence: 0.596052425

 $00:49:43.700 \longrightarrow 00:49:45.580$ need any prospective studies?

00:49:47.110 --> 00:49:50.274 I don't have studies of my own.

NOTE Confidence: 0.888906057142857

 $00{:}49{:}50.280 \dashrightarrow 00{:}49{:}52.192$ I can tell you that I'm pretty active

NOTE Confidence: 0.888906057142857

 $00:49:52.192 \longrightarrow 00:49:54.080$ with the American Liver Foundation.

NOTE Confidence: 0.888906057142857

 $00:49:54.080 \longrightarrow 00:49:58.282$ That does a lot around educating the populace

NOTE Confidence: 0.888906057142857

 $00:49:58.282 \longrightarrow 00:50:01.940$ about all of these sort of lifestyle,

NOTE Confidence: 0.888906057142857

00:50:01.940 --> 00:50:04.212 you know, and preventative measures.

NOTE Confidence: 0.888906057142857

 $00{:}50{:}04.212 \dashrightarrow 00{:}50{:}07.388$ I think we have to start with our

NOTE Confidence: 0.888906057142857

 $00{:}50{:}07.388 \dashrightarrow 00{:}50{:}09.588$ children and I really wish that there

NOTE Confidence: 0.888906057142857

 $00{:}50{:}09.588 \dashrightarrow 00{:}50{:}13.042$ was a way that we could actually have

NOTE Confidence: 0.888906057142857

00:50:13.042 --> 00:50:15.234 pediatricians and hepatologists, you know,

NOTE Confidence: 0.888906057142857

 $00:50:15.234 \longrightarrow 00:50:17.173$ kind of come together and maybe maybe.

NOTE Confidence: 0.888906057142857

 $00:50:17.180 \longrightarrow 00:50:19.142$ Maybe it's the best thing for

NOTE Confidence: 0.888906057142857

 $00:50:19.142 \longrightarrow 00:50:20.793$ pediatric hepatologists to figure out

NOTE Confidence: 0.888906057142857

00:50:20.793 --> 00:50:22.527 how to educate children about food,

NOTE Confidence: 0.888906057142857

 $00:50:22.530 \longrightarrow 00:50:25.290$ food shortage, healthy eating, exercise.

NOTE Confidence: 0.888906057142857

 $00:50:25.290 \longrightarrow 00:50:26.874$ So, you know, pharmaceuticals,

 $00:50:26.874 \longrightarrow 00:50:29.910$ they're sexy and there's a lot of money.

NOTE Confidence: 0.888906057142857

 $00:50:29.910 \longrightarrow 00:50:32.160$ And there's really not so much

NOTE Confidence: 0.888906057142857

00:50:32.160 --> 00:50:34.126 money for preventive medicine and

NOTE Confidence: 0.888906057142857

 $00:50:34.126 \longrightarrow 00:50:36.106$ especially for these food deserts,

NOTE Confidence: 0.888906057142857

 $00:50:36.110 \longrightarrow 00:50:38.350$ which actually beg a much larger question

NOTE Confidence: 0.888906057142857

 $00:50:38.350 \longrightarrow 00:50:40.709$ of the social determinants of health.

NOTE Confidence: 0.888906057142857

 $00:50:40.710 \longrightarrow 00:50:42.930$ So it's a great question.

NOTE Confidence: 0.888906057142857

 $00:50:42.930 \longrightarrow 00:50:44.630$ It's a huge, you know,

NOTE Confidence: 0.888906057142857

 $00:50:44.630 \longrightarrow 00:50:46.568$ bite to take off and chew.

NOTE Confidence: 0.888906057142857

 $00:50:46.570 \longrightarrow 00:50:47.650$ And I haven't gone there.

NOTE Confidence: 0.888906057142857 00:50:47.650 --> 00:50:48.340 But it does, NOTE Confidence: 0.888906057142857

 $00:50:48.340 \longrightarrow 00:50:49.260$ it does trouble me.

NOTE Confidence: 0.888906057142857

00:50:49.260 --> 00:50:50.996 I mean it troubles me that you know

NOTE Confidence: 0.888906057142857

 $00:50:50.996 \longrightarrow 00:50:52.698$ that the disparity of resource put

NOTE Confidence: 0.888906057142857

00:50:52.698 --> 00:50:54.310 in One Direction versus the other.

 $00:50:58.480 \longrightarrow 00:50:59.020$ Question.

NOTE Confidence: 0.618677115

 $00:51:02.140 \longrightarrow 00:51:03.766 \text{ I don't understand}$.

NOTE Confidence: 0.618677115

00:51:03.766 --> 00:51:08.490 What's your DNA? Endoscopies.

NOTE Confidence: 0.88699267

 $00:51:10.960 \longrightarrow 00:51:14.188$ So we yeah. Oh, sorry.

NOTE Confidence: 0.638228464857143

00:51:16.210 --> 00:51:18.436 If you can call back attention and

NOTE Confidence: 0.638228464857143

00:51:18.440 --> 00:51:21.470 you've got valuable. Doesn't need, right?

NOTE Confidence: 0.525612733333333

 $00:51:24.260 \longrightarrow 00:51:26.549$ So suppose that.

NOTE Confidence: 0.621648143333333

 $00:51:31.010 \longrightarrow 00:51:33.068$ Yes. Patient has

NOTE Confidence: 0.393635345

 $00:51:34.110 \longrightarrow 00:51:35.340$ significant potential.

NOTE Confidence: 0.867354756666667

00:51:37.810 --> 00:51:38.746 What are you going to do?

NOTE Confidence: 0.867354756666667

 $00{:}51{:}38.750 \dashrightarrow 00{:}51{:}40.442$ Nothing, right? So you you you

NOTE Confidence: 0.867354756666667

00:51:40.442 --> 00:51:42.020 did a meaningless test, right?

NOTE Confidence: 0.57213502625

 $00:51:43.560 \longrightarrow 00:51:44.680$ Just before the treatment,

NOTE Confidence: 0.57213502625

 $00{:}51{:}44.680 \dashrightarrow 00{:}51{:}45.800$ which is not indicated,

NOTE Confidence: 0.57213502625

00:51:45.800 --> 00:51:47.690 is outside with the guy, right?

NOTE Confidence: 0.8547659975

00:51:49.810 --> 00:51:50.398 What do you do?

 $00:51:52.730 \longrightarrow 00:51:57.347$ Right. So um. We do the endoscopy because I,

NOTE Confidence: 0.777334566666667

 $00{:}51{:}57.350 \to 00{:}51{:}59.950$ I I'm working on oncology at the VA,

NOTE Confidence: 0.777334566666667

 $00:51:59.950 \longrightarrow 00:52:03.470$ but it's not they really want the endoscopy

NOTE Confidence: 0.777334566666667

00:52:03.470 --> 00:52:06.130 if there are no stigmata of bleeding,

NOTE Confidence: 0.777334566666667

00:52:06.130 --> 00:52:08.468 I do not band. And I say,

NOTE Confidence: 0.777334566666667

 $00:52:08.470 \dashrightarrow 00:52:10.210$ hey look there's portal hypertension here,

NOTE Confidence: 0.777334566666667

00:52:10.210 --> 00:52:11.674 there's some variances, right,

NOTE Confidence: 0.777334566666667

 $00:52:11.674 \longrightarrow 00:52:13.504$ the patients on carvedilol and

NOTE Confidence: 0.777334566666667

00:52:13.504 --> 00:52:14.994 they're like OK, at least you know,

NOTE Confidence: 0.777334566666667

 $00:52:14.994 \longrightarrow 00:52:16.459$ at least we know what we're getting into.

NOTE Confidence: 0.7773345666666667

 $00:52:16.460 \longrightarrow 00:52:17.550$ So the patient could bleed.

NOTE Confidence: 0.777334566666667

 $00:52:17.550 \dashrightarrow 00:52:19.538$ I said the patient could bleed from

NOTE Confidence: 0.777334566666667

 $00{:}52{:}19.538 \dashrightarrow 00{:}52{:}20.889$ gastritis like what's you know.

NOTE Confidence: 0.777334566666667

 $00:52:20.890 \longrightarrow 00:52:23.218$ So, so I think what we'd like to

NOTE Confidence: 0.777334566666667

 $00:52:23.218 \longrightarrow 00:52:25.590$ do and I think what we can do.

00:52:25.590 --> 00:52:27.910 In the next year or two is sort of more

NOTE Confidence: 0.777334566666667

 $00:52:27.971 \longrightarrow 00:52:30.428$ phase four kind of what's the real

NOTE Confidence: 0.777334566666667

 $00:52:30.428 \longrightarrow 00:52:32.416$ world experience because I'm sure that

NOTE Confidence: 0.777334566666667

 $00:52:32.416 \longrightarrow 00:52:34.905$ in the VA system people are getting a

NOTE Confidence: 0.777334566666667

 $00:52:34.905 \longrightarrow 00:52:37.860$ Tiso Bev without a prior EGD because

NOTE Confidence: 0.777334566666667

00:52:37.860 --> 00:52:39.820 not all centers are big enough etcetera,

NOTE Confidence: 0.777334566666667 00:52:39.820 --> 00:52:40.122 etcetera. NOTE Confidence: 0.777334566666667

 $00:52:40.122 \longrightarrow 00:52:42.236$ So, so we actually have some designs

NOTE Confidence: 0.777334566666667

 $00:52:42.236 \longrightarrow 00:52:43.940$ on doing that sort of study.

NOTE Confidence: 0.94527125

 $00:52:46.140 \longrightarrow 00:52:46.540$ Yeah.

NOTE Confidence: 0.823616812

 $00:52:48.680 \longrightarrow 00:52:49.740$ Yeah, they've come to us,

NOTE Confidence: 0.823616812

 $00:52:49.740 \longrightarrow 00:52:52.260$ Mario, for the data. Yeah.

NOTE Confidence: 0.7266337

00:52:55.610 --> 00:52:56.480 Yes, Tommy?

NOTE Confidence: 0.36675388

 $00:53:05.820 \longrightarrow 00:53:06.280$ Umm.

NOTE Confidence: 0.824115908888889

00:53:26.350 --> 00:53:30.616 Um, so I would say that from my experience,

NOTE Confidence: 0.824115908888889

 $00:53:30.620 \longrightarrow 00:53:33.230$ the uptake in atisa above has

 $00:53:33.230 \longrightarrow 00:53:35.404$ really only been, you know,

NOTE Confidence: 0.824115908888889

 $00:53:35.404 \longrightarrow 00:53:39.810$ it had a slope of uptake 2122.

NOTE Confidence: 0.824115908888889

 $00{:}53{:}39.810 --> 00{:}53{:}41.819$ O I'm not sure that I can

NOTE Confidence: 0.824115908888889

 $00:53:41.819 \longrightarrow 00:53:42.680$ answer that question.

NOTE Confidence: 0.824115908888889

 $00{:}53{:}42.680 \dashrightarrow 00{:}53{:}45.088$ What I can say is we're seeing much

NOTE Confidence: 0.824115908888889

 $00:53:45.088 \longrightarrow 00:53:46.961$ more advanced disease at presentation

NOTE Confidence: 0.824115908888889

00:53:46.961 --> 00:53:49.361 because people didn't come in for

NOTE Confidence: 0.824115908888889

 $00:53:49.361 \longrightarrow 00:53:51.857$ imaging and that is really heartbreaking,

NOTE Confidence: 0.824115908888889

 $00:53:51.860 \longrightarrow 00:53:52.660$ very heartbreaking.

NOTE Confidence: 0.824115908888889

00:53:52.660 --> 00:53:54.864 So you know, you got people who

NOTE Confidence: 0.824115908888889

 $00:53:54.864 \longrightarrow 00:53:56.659$ really haven't come to the VA in

NOTE Confidence: 0.824115908888889

 $00:53:56.659 \longrightarrow 00:53:58.539$ three years and then they come in and

NOTE Confidence: 0.824115908888889

 $00{:}53{:}58.539 \dashrightarrow 00{:}54{:}00.396$ they have you know multifocal disease

NOTE Confidence: 0.824115908888889

 $00:54:00.396 \longrightarrow 00:54:02.874$ everywhere and some of them are young.

NOTE Confidence: 0.824115908888889

 $00:54:02.874 \longrightarrow 00:54:05.134$ So it's that's pretty awful.

00:54:05.140 --> 00:54:06.220 But I don't think I've,

NOTE Confidence: 0.824115908888889

 $00{:}54{:}06.220 \dashrightarrow 00{:}54{:}08.722$ I I've have enough experience over

NOTE Confidence: 0.824115908888889

 $00:54:08.722 \longrightarrow 00:54:09.973$ the atisa Bev.

NOTE Confidence: 0.824115908888889

 $00:54:09.980 \longrightarrow 00:54:12.356$ FDA approval to say that there's

NOTE Confidence: 0.824115908888889

 $00:54:12.356 \longrightarrow 00:54:13.544$ been any difference?

NOTE Confidence: 0.824115908888889

00:54:13.550 --> 00:54:15.404 Are you thinking just about immune

NOTE Confidence: 0.824115908888889

00:54:15.404 --> 00:54:16.640 regulation post COVID or?

NOTE Confidence: 0.69089575

 $00:54:20.280 \longrightarrow 00:54:21.760$ Hmm. OK.

NOTE Confidence: 0.9197201

 $00:54:25.560 \longrightarrow 00:54:26.180$ Right.

NOTE Confidence: 0.51719034

 $00:54:35.440 \longrightarrow 00:54:38.620$ Hmm. That's an interesting thought.

NOTE Confidence: 0.51719034

 $00{:}54{:}38.620 \dashrightarrow 00{:}54{:}41.416$ I mean, I can tell you our our rates of

NOTE Confidence: 0.51719034

00:54:41.416 --> 00:54:42.929 alcoholic hepatitis are skyrocketing,

NOTE Confidence: 0.51719034

 $00:54:42.930 \longrightarrow 00:54:44.976$ and they're skyrocketing among young people.

NOTE Confidence: 0.51719034

 $00:54:44.980 \longrightarrow 00:54:47.500$ So there is definitely a lot of

NOTE Confidence: 0.51719034

 $00:54:47.500 \longrightarrow 00:54:49.980$ psychological burden from the pandemic, so.

NOTE Confidence: 0.4190846

 $00:54:52.390 \longrightarrow 00:54:54.740$ Umm. Yeah.

00:54:56.310 --> 00:54:59.118 OK. Sorry, I fell down on the job here.

NOTE Confidence: 0.871934257777778

 $00:54:59.120 \longrightarrow 00:55:01.878$ OK. So one of the questions was,

NOTE Confidence: 0.87193425777778

 $00:55:01.880 \longrightarrow 00:55:04.448$ as you mentioned, some oncologists are

NOTE Confidence: 0.871934257777778

 $00:55:04.448 \longrightarrow 00:55:07.322$ reluctant to use atisa Bev of smaller

NOTE Confidence: 0.871934257777778

 $00{:}55{:}07.322 \dashrightarrow 00{:}55{:}09.105$ large varices or even hemorrhoids.

NOTE Confidence: 0.871934257777778

 $00:55:09.105 \longrightarrow 00:55:11.785$ Any suggestions how to convince them to use

NOTE Confidence: 0.871934257777778

00:55:11.785 --> 00:55:14.304 this regimen without banding? So I mean,

NOTE Confidence: 0.871934257777778

 $00:55:14.304 \longrightarrow 00:55:16.307$ I think thanks for that question, Simona.

NOTE Confidence: 0.87193425777778

00:55:16.307 --> 00:55:18.629 I think it's really basically saying,

NOTE Confidence: 0.871934257777778

00:55:18.630 --> 00:55:19.750 you know, we've got this,

NOTE Confidence: 0.871934257777778

 $00{:}55{:}19.750 \dashrightarrow 00{:}55{:}21.628$ if the person bleeds were here,

NOTE Confidence: 0.871934257777778

 $00:55:21.630 \longrightarrow 00:55:22.878$ they know how to reach us,

NOTE Confidence: 0.871934257777778

 $00{:}55{:}22.880 \dashrightarrow 00{:}55{:}24.440$ we know how to reach them.

NOTE Confidence: 0.871934257777778

00:55:24.440 --> 00:55:27.296 You know, we're available, if anything.

NOTE Confidence: 0.871934257777778 $00:55:27.300 --> 00:55:27.768 \ {\rm Thumbs\ up}.$

00:55:27.768 --> 00:55:29.406 You know, Yale is a center of

NOTE Confidence: 0.87193425777778

 $00{:}55{:}29.406 {\:{\circ}{\circ}{\circ}}>00{:}55{:}30.970$ excellence in terms of hepatology care.

NOTE Confidence: 0.871934257777778

 $00:55:30.970 \longrightarrow 00:55:32.130$ So is West Haven.

NOTE Confidence: 0.871934257777778

 $00:55:32.130 \longrightarrow 00:55:34.889$ We know how to ban people if they bleed.

NOTE Confidence: 0.871934257777778

00:55:34.890 --> 00:55:36.703 I think it's it's really honestly getting

NOTE Confidence: 0.871934257777778

 $00:55:36.703 \longrightarrow 00:55:38.322$ them used to using the combination

NOTE Confidence: 0.87193425777778

 $00:55:38.322 \longrightarrow 00:55:40.170$ and not seeing a lot of bleeding.

NOTE Confidence: 0.871934257777778

00:55:40.170 --> 00:55:41.982 And I think it's just going

NOTE Confidence: 0.871934257777778

 $00:55:41.982 \longrightarrow 00:55:43.600$ to be tincture of time.

NOTE Confidence: 0.871934257777778

00:55:43.600 --> 00:55:44.665 Laura Morrison asked,

NOTE Confidence: 0.871934257777778

 $00{:}55{:}44.665 \dashrightarrow 00{:}55{:}46.795$ can you please share your latest

NOTE Confidence: 0.871934257777778

 $00{:}55{:}46.795 \dashrightarrow 00{:}55{:}48.790$ innovations and Co management of these

NOTE Confidence: 0.871934257777778

00:55:48.790 --> 00:55:50.809 patients with palliative care at the VA,

NOTE Confidence: 0.871934257777778

 $00:55:50.810 \longrightarrow 00:55:53.078$ the palliative care role in tumor board.

NOTE Confidence: 0.871934257777778

00:55:53.080 --> 00:55:54.830 We see many opportunities for

NOTE Confidence: 0.871934257777778

 $00:55:54.830 \longrightarrow 00:55:56.580$ expanding this collaboration at SMILO.

 $00:55:56.580 \longrightarrow 00:55:58.340$ Our palliative care fellows always

NOTE Confidence: 0.871934257777778

 $00:55:58.340 \longrightarrow 00:55:59.748$ appreciate the different model

NOTE Confidence: 0.87193425777778

 $00:55:59.748 \longrightarrow 00:56:01.498$ at the VA that's very levely.

NOTE Confidence: 0.871934257777778

 $00:56:01.500 \longrightarrow 00:56:02.242$ Thanks Laura.

NOTE Confidence: 0.871934257777778 00:56:02.242 --> 00:56:02.984 So yes, NOTE Confidence: 0.871934257777778

 $00:56:02.984 \longrightarrow 00:56:05.600$ we are Co localized with palliative care,

NOTE Confidence: 0.871934257777778

 $00:56:05.600 \longrightarrow 00:56:07.010$ so they come to our clinics.

NOTE Confidence: 0.871934257777778

 $00{:}56{:}07.010 \dashrightarrow 00{:}56{:}09.926$ We have a clinical trial that's

NOTE Confidence: 0.87193425777778

 $00{:}56{:}09.926 \dashrightarrow 00{:}56{:}12.320$ enrolling patients and we it's a

NOTE Confidence: 0.871934257777778

 $00:56:12.320 \longrightarrow 00:56:13.385$ clustered randomized controlled.

NOTE Confidence: 0.871934257777778

00:56:13.390 --> 00:56:14.700 Trial of standard of care,

NOTE Confidence: 0.871934257777778

 $00:56:14.700 \longrightarrow 00:56:17.108$ palliative care intervention versus

NOTE Confidence: 0.871934257777778

 $00{:}56{:}17.108 \dashrightarrow 00{:}56{:}19.516$ he patology trained palliative care.

NOTE Confidence: 0.87193425777778

 $00:56:19.520 \longrightarrow 00:56:21.140$ So our palliative care docs,

NOTE Confidence: 0.871934257777778

 $00:56:21.140 \longrightarrow 00:56:23.075$ we are randomized to the

 $00:56:23.075 \longrightarrow 00:56:24.236$ palliative care intervention.

NOTE Confidence: 0.871934257777778

 $00:56:24.240 \longrightarrow 00:56:26.389$ So it's the standard of care palliative

NOTE Confidence: 0.87193425777778

 $00:56:26.389 \longrightarrow 00:56:28.209$ care consultant and having them at

NOTE Confidence: 0.871934257777778

 $00:56:28.209 \longrightarrow 00:56:30.176$ tumor board and in clinic is wonderful.

NOTE Confidence: 0.871934257777778

 $00:56:30.180 \longrightarrow 00:56:31.620$ So all of our end stage

NOTE Confidence: 0.871934257777778

00:56:31.620 --> 00:56:32.340 liver disease patients,

NOTE Confidence: 0.87193425777778

 $00:56:32.340 \longrightarrow 00:56:34.400$ all of our multifocal HTC's,

NOTE Confidence: 0.871934257777778

 $00:56:34.400 \longrightarrow 00:56:37.172$ they all see palliative care from the get go.

NOTE Confidence: 0.871934257777778

 $00:56:37.180 \longrightarrow 00:56:38.800$ So it's not like this awkward

NOTE Confidence: 0.871934257777778

00:56:38.800 --> 00:56:40.379 handoff where you're like OK now

NOTE Confidence: 0.871934257777778

 $00{:}56{:}40.379 \dashrightarrow 00{:}56{:}41.705$ you're really sick and you need

NOTE Confidence: 0.871934257777778

00:56:41.705 --> 00:56:43.529 to see the palliative care doctor.

NOTE Confidence: 0.871934257777778

 $00:56:43.530 \longrightarrow 00:56:45.070$ It's it's from the beginning

NOTE Confidence: 0.871934257777778

 $00:56:45.070 \longrightarrow 00:56:46.610$ we say we work together.

NOTE Confidence: 0.871934257777778

 $00:56:46.610 \longrightarrow 00:56:48.234$ Palliative care is a layer of support.

NOTE Confidence: 0.871934257777778

00:56:48.240 --> 00:56:49.830 They're here to really think

 $00:56:49.830 \longrightarrow 00:56:50.784$ about other things.

NOTE Confidence: 0.871934257777778

 $00{:}56{:}50.790 \dashrightarrow 00{:}56{:}52.590$ You may not be having any symptoms now,

NOTE Confidence: 0.87193425777778

00:56:52.590 --> 00:56:54.018 but they're going to help you get

NOTE Confidence: 0.871934257777778

 $00:56:54.018 \longrightarrow 00:56:54.823$ your logistics straightened out

NOTE Confidence: 0.871934257777778

00:56:54.823 --> 00:56:55.901 or they're going to help you get

NOTE Confidence: 0.871934257777778

 $00:56:55.901 \longrightarrow 00:56:57.049$ help into the home if you need it,

NOTE Confidence: 0.871934257777778

 $00:56:57.050 \longrightarrow 00:56:58.660$ or they're going to think about the

NOTE Confidence: 0.871934257777778

 $00:56:58.660 \longrightarrow 00:57:00.321$ things that really matter to you while

NOTE Confidence: 0.87193425777778

 $00{:}57{:}00.321 \dashrightarrow 00{:}57{:}01.701$ we're focusing on your organ here,

NOTE Confidence: 0.871934257777778

 $00:57:01.710 \longrightarrow 00:57:02.910$ you know what I mean?

NOTE Confidence: 0.871934257777778

 $00:57:02.910 \longrightarrow 00:57:04.881$ So I think we all tend to be very

NOTE Confidence: 0.871934257777778

 $00:57:04.881 \longrightarrow 00:57:06.803$ myopic in specialty care where we just

NOTE Confidence: 0.871934257777778

 $00{:}57{:}06.803 \dashrightarrow 00{:}57{:}08.812$ focus on the organ that we're thinking

NOTE Confidence: 0.87193425777778

 $00:57:08.812 \longrightarrow 00:57:10.807$ about and like rarely do we say,

NOTE Confidence: 0.871934257777778 00:57:10.810 --> 00:57:11.284 so you know,

 $00:57:11.284 \longrightarrow 00:57:12.074$ what are your goals like?

NOTE Confidence: 0.87193425777778

 $00:57:12.080 \dashrightarrow 00:57:13.650$ What's really important to you?

NOTE Confidence: 0.87193425777778

 $00{:}57{:}13.650 \dashrightarrow 00{:}57{:}15.323$ How do you want the next few

NOTE Confidence: 0.871934257777778

00:57:15.323 --> 00:57:16.040 months to unfold?

NOTE Confidence: 0.871934257777778

 $00:57:16.040 \longrightarrow 00:57:17.370$ Because I think a lot of us

NOTE Confidence: 0.871934257777778

 $00{:}57{:}17.370 \dashrightarrow 00{:}57{:}18.740$ are a fraid of the Pandora's box

NOTE Confidence: 0.87193425777778

 $00:57:18.740 \longrightarrow 00:57:20.240$ that's going to open because then

NOTE Confidence: 0.871934257777778

 $00:57:20.240 \longrightarrow 00:57:21.933$ we actually may have to connect

NOTE Confidence: 0.87193425777778

 $00:57:21.933 \longrightarrow 00:57:23.045$ with another human being.

NOTE Confidence: 0.871934257777778

 $00{:}57{:}23.050 \dashrightarrow 00{:}57{:}24.655$ And palliative care is wonderful

NOTE Confidence: 0.871934257777778

 $00{:}57{:}24.655 --> 00{:}57{:}26.260$ because they teach us like

NOTE Confidence: 0.8660138

 $00{:}57{:}26.315 \dashrightarrow 00{:}57{:}28.707$ I have learned so much from palliative care,

NOTE Confidence: 0.8660138

 $00:57:28.710 \longrightarrow 00:57:30.600$ how to open a conversation,

NOTE Confidence: 0.8660138

 $00:57:30.600 \longrightarrow 00:57:32.320$ how to ask difficult questions,

NOTE Confidence: 0.8660138

 $00:57:32.320 \longrightarrow 00:57:34.536$ how to know when I'm over my head.

NOTE Confidence: 0.8660138

 $00{:}57{:}34.540 \dashrightarrow 00{:}57{:}36.268$ So I would say that most of us at

00:57:36.268 --> 00:57:38.078 the VA really know how to deliver,

NOTE Confidence: 0.8660138

 $00{:}57{:}38.080 \dashrightarrow 00{:}57{:}40.460$ you know, primary palliative care.

NOTE Confidence: 0.8660138

 $00:57:40.460 \longrightarrow 00:57:42.740$ And we rely on palliative care

NOTE Confidence: 0.8660138

 $00:57:42.740 \longrightarrow 00:57:44.052$ for specialty palliative care,

NOTE Confidence: 0.8660138

 $00:57:44.052 \longrightarrow 00:57:45.036$ which is really.

NOTE Confidence: 0.8660138

 $00:57:45.040 \longrightarrow 00:57:46.510$ What their experts in and we're

NOTE Confidence: 0.8660138

 $00:57:46.510 \longrightarrow 00:57:48.199$ hoping that we can impart that

NOTE Confidence: 0.8660138

 $00:57:48.199 \longrightarrow 00:57:49.507$ kind of training nationally.

NOTE Confidence: 0.8660138

 $00{:}57{:}49.510 \dashrightarrow 00{:}57{:}51.498$ So that's going to be the results

NOTE Confidence: 0.8660138

 $00:57:51.498 \longrightarrow 00:57:53.560$ of that study which is funded by

NOTE Confidence: 0.8660138

 $00{:}57{:}53.560 \dashrightarrow 00{:}57{:}55.952$ PECORI and which is basically a it's

NOTE Confidence: 0.8660138

 $00{:}57{:}55.952 \dashrightarrow 00{:}57{:}58.436$ a multi center private NBA study

NOTE Confidence: 0.8660138

 $00:57:58.436 \longrightarrow 00:58:01.149$ that's at the PI's Victor Navarro

NOTE Confidence: 0.8660138

 $00:58:01.149 \dashrightarrow 00:58:03.369$ out of Jefferson in Philadelphia.

NOTE Confidence: 0.8660138

 $00:58:03.370 \longrightarrow 00:58:04.240$ Thanks Laura.

 $00{:}58{:}06.280 \dashrightarrow 00{:}58{:}08.688$ I think that's it. Any other questions?